Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-25381

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. B-934

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: New Mexico S State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Exxon Corp.

8. Well No. 35

3. Address of Operator: P. O. Box 1600, Midland, Texas 79702

9. Pool name or Wildcat: Wantz Abo

4. Well Location
Unit Letter A : 760 Feet From The North Line and 500 Feet From The East Line

Section 2 Township 22S Range 37E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3359

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: abandon Granite Wash; add Abo perfs [XX]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-14-91 to 5-22-91 MIRU, fish packer & tbg
5-23-91 TIH set CIBP @ 7270 dump bail 10' ft cmt on top
5-24-91 perf Abo 7059 to 7208
5-25-91 acidize w/6000 gals
5-30-91 RIH w/pump & rods return well to production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sharon B Timlin TITLE Staff Office Assistant DATE

TYPE OR PRINT NAME Sharon B. Timlin TELEPHONE NO. (915) 688-7509

(This space for State Use)

APPROVED BY TITLE DATE JUL 15 1991

CONDITIONS OF APPROVAL, IF ANY:

31 Wantz GW