

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-732

<p>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.)</p>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name ---
2. Name of Operator Exxon Corporation	8. Form or Lease Name New Mexico DL State
3. Address of Operator Box 1600, Midland, Texas 79702	9. Well No. 8
4. Location of Well UNIT LETTER <u>G</u> <u>2500</u> FEET FROM THE <u>N</u> LINE AND <u>1350/1650</u> FEET FROM THE <u>E</u> LINE, SECTION <u>18</u> TOWNSHIP <u>23S</u> RANGE <u>33E</u> N.M.P.M.	10. Field and Pool, or Wildcat Undesig. Cruz-Delaware
11. Elevation (Show whether DF, RT, GR, etc.) 3709' GR	12. County Lea

<p>10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPER. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/></p>

17. 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.

This well will not be drilled. The location is undisturbed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED <u>Melba Knippling</u> TITLE <u>Unit Head</u>	DATE <u>12-11-85</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	DATE <u>DEC 16 1985</u>
APPROVED BY _____ TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:	

RECEIVED
DEC 13 1985
O.C.D.
HOBBS OFFICE