

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
A-1320	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name New Mexico "K" State
3. Address of Operator P. O. Box 1600; Midland, Texas 79702		9. Well No. 23
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>S</u> LINE AND <u>330</u> FEET FROM THE <u>E</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3946 DF		12. County Lea

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 ☐	OTHER ☒	CASING TEST AND CEMENT JOBS ☐	
OTHER <u>Repair oil and water flow, circ cmt to surface, acid wash perf.</u>			

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.

1. Pull production equipment.
2. Run retrievable BP and set @ 3100', w/5' 20-40 sand on BP.
3. Perf 4-1/2" csg @ 2900' w/2 SPF..
4. Run cmt retainer @ 2875'. Cmt w/1100 sxs CL "C" w/8% Bentonite, plus 150 sxs CL "C" cmt.
5. Drill out cmt retainer and cmt, test csg w/1000# psi.
6. Acidize perf 6090-6108' w/3000 gal inhibited 15% NE HCL acid.
7. Place well on production and test.

THE COMMISSIONER OF THE
24 HOURS

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

SIGNED C. J. Jackson TITLE Unit Head DATE 6-20-80

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: