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

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 Attn: Permits Supervisor		8. Farm or Lease Name New Mexico K State
3. Address of Operator P.O. Box 1600, Midland, TX 79702		9. Well No. 34
4. Location of Well UNIT LETTER <u>S/L</u> <u>N</u> <u>1286</u> FEET FROM THE <u>South</u> LINE AND <u>1333</u> FEET FROM <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> N.M.P.M.		10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3951 GR		12. County Lea

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

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 1503.

11-08-88 Drill to intermediate hole TD of 4810'.  
 11-09-88 RU and run 110 jts of 8 5/8"/24&32#/K55/STC. Set @ 4739'. Cement w/ 1200 sx CLC containing 12% gel and 1/4#/sx cellophane and 350 sx CLC. TOC @ 1000'.  
 11-10-88 Tested BOP's and casing - OK.

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

SIGNED <u>Stephen Johnson</u>	TITLE <u>Administrative Specialist</u>	DATE <u>11-17-88</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>NOV 22 1988</u>
CONDITIONS OF APPROVAL, IF ANY:		