

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	

14. Indicate Type of Lease  
State  Fee

15. 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. OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Exxon Corporation

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

4. Location of well  
UNIT LETTER G 1980 FEET FROM THE North LINE AND 2306 FEET FROM  
THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 35E NMPM.

7. Unit Agreement Name

8. Form or Lease Name  
New Mexico "K" State

9. Well No.  
26

10. Field and Pool, or Assoc.  
Vacuum Glorieta

11. Elevation (Show whether DF, RT, CR, etc.)  
3957 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	

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. Perf 4½" csg. 6097-6104, 6034-6088, 1 SPF.
3. Acidize w/ 5000 gal 15% NR HCl acid.
4. Run production equipment. Place well on production.

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

SIGNED J. G. Lowe TITLE Sr. Administrator DATE 10/31/80

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: