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| OPERATOR | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
*Supersedes Old*
C-102 and C-103
Effective 1-1-65

**5a. Indicate Type of Lease**

State ☑    Fee ☐

**5. State Oil & Gas Lease No.**

A-132 0

## 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·

**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.**

12

**4. Location of Well**

UNIT LETTER ___J___ .1987.5 FEET FROM THE SOUTH LINE AND 1980 FEET FROM

THE EAST LINE, SECTION 32 TOWNSHIP 17-S RANGE 35 E NMPM.

**10. Field and Pool, or Wildcat**

VACUUM (G.R.S.A.)

**15. Elevation (Show whether DF, RT, GR, etc.)**

3959 GR.

**12. County**

Lea

16.

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

☐

OTHER _____

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER CSG LEAK SURVEY ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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. Clean out cellar to surface casing.

2. Install bleeder line from _10 3/4_ surface casing to above ground level with control valve at surface.

3. Install bleeder line from _7 5/8_ intermediate casing to above ground level with control valve at surface.

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

SIGNED _D. L. Clemmer_    TITLE _Unit Head_    DATE _2-3-77_

Orig. Signed by
Les Clemens
Oil & Gas Insp.

FEB 17 1977

APPROVED BY _____    TITLE _____    DATE _____

CONDITIONS OF APPROVAL, IF ANY: