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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>A-1320</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>NEW MEXICO "K" STATE</u>
9. Well No. <u>17</u>
10. Field and Pool, or Wildcat <u>VACUUM GLORIETA</u>
12. County <u>Lea</u>

**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, Texas 79702

4. Location of Well  
UNIT LETTER P, 330 FEET FROM THE S LINE AND 330 FEET FROM  
THE E LINE, SECTION 32 TOWNSHIP 17-S RANGE 35-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3966 OF

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"/>	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 <u>CSG LEAK SURVEY</u> <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 1103.

- Clean out cellar to surface casing.
- Install bleeder line from 13 7/8" surface casing to above ground level with control valve at surface.
- Install bleeder line from 8 7/8" 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 A. L. Clemmer TITLE Unit Head DATE 2-3-77

APPROVED BY Les Clemmer TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1977