

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| |
|---|
| WELL API NO. <u>Unknown-30-025-20709</u> |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. <u>A-1320</u> |
| 7. Lease Name or Unit Agreement Name <u>New Mexico K State</u> |
| 8. Well No. <u>18</u> |
| 9. Pool name or Wildcat <u>Vacuum Glorieta</u> |

| |
|--|
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. Name of Operator <u>Exxon Corporation</u> |
| 3. Address of Operator <u>P.O. Box 1600, Midland, TX 79702</u> |
| 4. Well Location Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>1 ea</u> County <u></u> |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>GR 3963</u> |

| | |
|---|---|
| 11. 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"/> | REMEDIAL WORK <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

12. 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.

12-3-88 Found bad casing from 5833 - 6000.
12-14-88 Pumped 175 sxs cmt. through retainer @ 5883.
12-15-88 Drilled out and tested sqz. - OK.
12-20-88 Finish adding pay. New perms are: 5985 - 6146 (1 SPF). Reshot original pay 6064 - 6122. Acidized w/ 15000 gal of 15% HCL.
12-22-88 RIH w/ 191 jts of 2 3/8" tbq, SN @ 6134.
12-23-88 PWOP
12-30-88 24 hr pump test - 21B0, 49BW, 15KCF

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

SIGNATURE D. Johnson TITLE Administrative Specialist DATE 1-11-89
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 23 1989
CONDITIONS OF APPROVAL, IF ANY:

8001 8 3 HAL

NOTED FROM THE UNION JAMBOO
2027 11402 1 1018512

REC'D

JAN 20 1989

OCB
MOBBS OFFICE