STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 [X] Fee [ ]

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. OIL WELL [X] GAS WELL [ ] 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.: 20

4. Location of Well: UNIT LETTER O . 330 FEET FROM THE South LINE AND 2308 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 35E NMPM.

10. Field and Pool, or Wildcat: Vacuum Glorieta

15. Elevation (Show whether DF, RT, GR, etc.): 3696 DP

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	[ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK	[X]	ALTERING CASING [ ]
TEMPORARILY ABANDON	[ ]		COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB	[ ]	
OTHER	[ ]		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.

12-08-87 Add pay 6120'-6126', 6132'-6169', 1 SPF. Acidized same interval with 6000 gal of 15% HCL.

12-11-87 Run 2 3/8" production tbg, SN @ 6159.

01-19-88 Change rod pump to 2" x 1½" x 26'.

01-27-88 24 hour pump test 61 BO, 209 BW.

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

SIGNED Stephen Johnson S. Johnson TITLE Administrative Specialist DATE 2-2-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: