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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 ☒ 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Exxon Corporation		8. Farm or Lease Name New Mexico "K" State
3. Address of Operator Box 1600, Midland, TX 79702		9. Well No. 22
4. Location of Well UNIT LETTER <u>J</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>2307</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>12-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3969 DF		12. County Lea

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 ☐

PLUS AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUS 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. Pull production equipment.
2. Perf. 4½" csg., 6148-6132, 6106-6096, 6065-6061, 6042-6038, 6034-6030, 6024-6016, total 134 shots.
3. Acidize perf. in 3 stages using a total of 175 bbls. (7350 gal.) inhibited 15% NE HCl containing 150# of gum Karaya and 15 gal. Corexit 8546.
4. Return well to production.

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

SIGNED Jerry Sexton

TITLE Sr. Admin.

DATE 4/8/81

Orig. Signed By

Jerry Sexton

Dist. 1, Supr.

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: