

COPIES RECEIVED		
DISTRIBUTION		
DATE		
LE		
S.G.S.		
AND OFFICE		
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>22</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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator <u>Exxon Corporation</u>		
Address of Operator <u>P.O. Box 1600, Midland, Texas 79702</u>		
Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>S</u> LINE AND <u>2307</u> FEET FROM THE <u>E</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17-5</u> RANGE <u>35-E</u> NMPM.		

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

3969 D.F.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

1. Clean out cellar to surface casing.

2. Install bleeder line from 8 5/8" surface casing to above ground level with control valve at surface.

3 NO INTERMEDIATE CASING IN THIS WELL.

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 \_\_\_\_\_

TITLE \_\_\_\_\_

DATE EFF 17 1977

CONDITIONS OF APPROVAL, IF ANY: