

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 - I" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Exxon Corporation	8. Farm or Lease Name NEW MEXICO STATE
3. Address of Operator P.O. Box 1600, Midland, Texas 79702	9. Well No. 23
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>330</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> N.M.P.M.	10. Field and Pool, or WHdcat VACUUM GLORIETA
15. Elevation (Show whether DF, RT, GR, etc.) 3946	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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>REPAIR SUSPECTED CSG LEAK</u> ☒
		ACIDIZE	

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. PULLED PRODUCTION EQUIPMENT.
2. SET BPAT 6001' W/PKR AT 5989-TEST PLUG TO 1000' - OK.
3. TESTED 4 1/2" CSG TO 500' W/8 5/8" CSG VALVE OPEN-HELD OK. PULLED PKR TO 2970' AND SET. SWAB TAG DRY-NO FLUID ENTRY.
4. PULLED BP AND PKR.
5. ACIDIZE PERF 6090-6108 W/2000 GAL 15% HCL.
6. PLACED WELL ON PUMP. TESTED 6-DAYS- FINAL TEST 41 BO PLUS 108 BW.

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

SIGNED A. F. Lowe TITLE SR Administrator DATE 3-27-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR - 1 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR -1 1985

O.C.D.
HOBBS OFFICE