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 10-1-7

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

8. Farm or Lease Name: NEW MEXICO "K" STATE

3. Address of Operator: P.O. BOX 1600, MIDLAND, TEXAS 79702

9. Well No.: 23

4. Location of Well: UNIT LETTER I, 2310 FEET FROM THE SOUTH LINE AND 330 FEET FROM THE EAST LINE, SECTION 28 TOWNSHIP 17-S RANGE 35-E NMPM.

10. Field and Pool, or Wildcat: 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	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER REPAIR SUSPECTED CSG LEAK.	[X]			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.

1. PULL RODS AND PUMP. TEST TO 2000 PSI. PULL TBG.
2. RIH W/RETRIEVABLE BRIDGE PLUG AND PACKER TO LOCATE CSG LEAK SUSPECTED ABOVE PERFS 6090-6108'
IF LEAK IS THE PERFS @ 2900' SQUEEZE AS FOLLOWS. OTHERWISE A SUPPLEMENTAL PROCEDURE WILL BE SUBMITTED.
(A) SET RETRIEVABLE BP AT 3500' AND CAP W/SAND.
(B) SET CMT RTNR @ 2700'
(C) PUMP 1000 GAL FLO-CHEK, PUMP 200 SX CL "C" 2% CACL.
3. DRILL OUT CMT AND RETAINER.
4. ACIDIZE W/2000 GAL INHIBITED 15% HCL ACID.
5. PLACE WELL ON PUMP.

APPROVED FOR 90 DAYS ONLY WORK

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

SIGNED D. F. Love TITLE SR. ADMIN. DATE 3-23-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 30 1984

CONDITIONS OF APPROVAL, IF ANY: