

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-20715
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name New Mexico "K" State
8. Well No. 25
9. Pool name or Wildcat Vacuum Glorieta

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Exxon Corp.
3. Address of Operator P.O. Box 1600	4. Well Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>17S</u> Range <u>35E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3950 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: add Glorieta perfs, ac, return to <input checked="" type="checkbox"/> production	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

Add perfs 6062-6110' (Glorieta), ac 4400 gal, return to production.
Overall perfs 6062-6128'. Minimum BOP will be 1500# WP

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

SIGNATURE A. M. Correa TITLE Administrative Specialist DATE 3-4-92
TYPE OR PRINT NAME A. M. Correa TELEPHONE NO. 915/688-7532

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 11 1992