

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 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Exxon Corporation Attn: Permits Supervisor		8. Farm or Lease Name New Mexico K State
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Well No. 26
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>2306</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Widened Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3957' DF		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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Add Pay and Stimulate</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 1702.

Add pay in the Glorieta, 2 SPF from 6022'-6174'.

Acidize old Glorieta Pay from 6034'-6136' with 15,450 gal of 15% HCL.

Acidize new pay with 7800 gal of 15% HCL.

Treat all perms w/ 500 gal of X-25.

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

SIGNED Stephen Johnson TITLE Administrative Specialist DATE 4-28-88

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 2 - 1988

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APR 29 1988
OCD
HOBBS OFFICE