

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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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 ☒ Fee ☐
5. State Oil & Gas Lease No. A - 1320
7. Unit Agreement Name
8. Farm or Lease Name New Mexico K State
9. Well No. 28
10. Field and Pool, or Wildcat Vacuum Glorietta
12. County Lea

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 ☐ GAS WELL ☐ OTHER-
2. Name of Operator Exxon Corporation
3. Address of Operator P. O. Box 1600, Midland, TX 79702
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3966 DF

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 ☐	

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 1708.

10-20-87 Perforated 6078'-6171'
10-22-87 Acidized with 9000 gal of 15% HCL and 1500# of Benzoic Acid Flakes
10-23 thru 12-16 Test and Evaluate
12-17-87 Reperforate 6064'-6175'
12-18-87 Acidize with 20,000 gal of 15% HCL
12-19 thru 12-29 Test and Evaluate
12-29-87 24 Hr. pump test, 120 Bo and 23 BW

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

SIGNED D. A. Murray FOR David A. Murray TITLE Permits Supervisor DATE 1-13-88

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