STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
OPERATOR		

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 [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   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.
30

4. Location of Well
UNIT LETTER ___B___, ___330___ FEET FROM THE ___North___ LINE AND ___2306___ FEET FROM

THE ___East___ LINE, SECTION ___32___ TOWNSHIP ___17S___ RANGE ___35E___ NMPM.

10. Field and Pool, or Wildcat
Vacuum Glorieta

13. Elevation (Show whether DF, RT, GR, etc.)
3978 RT

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]   ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]
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 1103.

1-27-88   Add pay from 6071-6176 (117 shots).

1-28-88   Acidize same perfs w/ 20,000 gal of 15% HCL.

1-29-88   RIH w/ 2 3/8 tbg and 2" x 1 1/2" x 20' rod pump. SN @ 6176'.

2-06-88   24 hour pump test, 70 BO, 21 BW.

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

SIGNED _____   TITLE Administrative Specialist   DATE 2-18-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____   TITLE _____   DATE FEB 24 1988

CONDITIONS OF APPROVAL, IF ANY: