

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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, TX 79702		9. Well No. 30
4. Location of Well UNIT LETTER <u>B</u> <u>330</u> FEET FROM THE <u>N</u> LINE AND <u>2306</u> FEET FROM THE <u>E</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Glorietta
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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 1103.

1. Pulled rods and tbg.
2. Perf 4 1/2" csg 5954'-6149' w/92 shots
3. Acidized w/8000 gal 15% inhib. HCl.
4. Placed well on pump.
5. Tested well 6 days. Last test produced 51 B0, 51 BW, 154 MCF, GOR 3012.

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

SIGNED J. H. Sexton TITLE Sr. Administrator DATE June 22, 1983

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JUN 29 1983

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: