

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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IL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <u>EXXON CORPORATION</u>	8. Farm or Lease Name <u>NEW MEXICO "K" STATE</u>
3. Address of Operator <u>P.O. BOX 1600, MIDLAND, TEXAS 79702</u>	9. Well No. <u>30</u>
4. Location of Well UNIT LETTER <u>B</u> <u>330</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>17-S</u> RANGE <u>3SE</u> NMPM.	10. Field and Pool, or Wildcat <u>VACUAM GLORIETA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3978 RDB</u>	12. County <u>LEA</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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. PULL PRODUCTION EQUIPMENT.
2. PERF 4 1/2" ESG 5954-6149 W/92 SHOTS.
3. SET TREATING PKR AT 5900' TEST ANNULUS TO 500 PSI TO CHECK PKR SEAT.
4. ACIDIZE W/8000 GAL 15% HCL-5% PENTAFAX.
5. SWAB WELL.
6. PLACE WELL ON PUMP.

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

SIGNED D. F. Lowe TITLE SR. ADMIN DATE 5-9-83

APPROVED BY ORIGINAL SIGNED BY EDDIE SEAY TITLE OIL & GAS INSPECTOR DATE MAY 16 1983
CONDITIONS OF APPROVAL, IF ANY: