STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.
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: Exxor. Corporation

8. Farm or Lease Name: New Mexico "K" State

3. Address of Operator: P.O. Box 1600 Midland, TX

9. Well No.: 32

4. Location of Well: UNIT LETTER M, 330 FEET FROM THE South LINE AND 330 FEET FROM THE W LINE, SECTION 28 TOWNSHIP 17-S RANGE 35-E NMPM.

10. Field and Pool, or Wildcat: Vacuum Glorieta

15. Elevation (Show whether DF, RT, GR, etc.): 3957

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Repair oil and water flow, circ. cmt. [X]	
		Run CNL-CCC-GR Perf.	

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 production equipment.
2. Set retrievable BP at 2700' w/50# 20-40 sand on BP. Perf. 4 1/2" csg. at 2500' w/ 2 shots. Set cmt. retainer at 1088'.
3. Cmt. w/ 900 sx. CL "C" cmt. w/ 8% bentonite. Cmt. did not circ. Top of cmt. 1500' - temp. survey.
4. Perf. 4 1/2" csg. 6148-6116' w/ 1 SPF Total 27 shots. Set BP at 6160, and Pkr. at 6000'. Acidize w/ 9000 gal. NE 15% Acid.
5. Place well on pump.
6. After 7 days testing well produced 44 BO plus 24 BLW.

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

SIGNED [signature] TITLE Sr. Administrator DATE 10/1/80

APPROVED BY _____ TITLE _____ DATE OCT 9 1980

CONDITIONS OF APPROVAL, IF ANY: