

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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. 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 Attn: David A. Murray	8. Farm or Lease Name New Mexico "K" State
3. Address of Operator P. O. Box 1600, Midland, TX 79702	9. Well No. 24
4. Location of Well UNIT LETTER H 1865 FEET FROM THE N LINE AND 330 FEET FROM East LINE, SECTION 32 TOWNSHIP 17S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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 1703.

4-30-87 MIRU POOH w/ tbq
5-01-87 Retrieve fish, clean out to 6158'
5-02-87 Treat perms 6054'-6146' w/ 500 gal of 15% HCL
6-04-87 24 hr pump test 36 BO, 3BW

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

SIGNED David A. Murray TITLE Permits Supervisor DATE 6-10-87

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____
JUN 12 1987

RECEIVED
JUN 11 1987
OCD
HOBBS OFFICE

JUN 11 1987

APR 1 1987