Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF AFFROVAL, IF ANY:

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-8

	ATION DIVISION	WELL API NO.
1.0. D	ox 2088 exico 87504-2088	30-025-23878
P.O. Drawer DD, Artesia, NM 88210	UNIO 0150+2000	5. Indicate Type of Lease STATEX FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No.
		B-936
SUNDRY NOTICES AND REPORTS OF OFFICE OF THE PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE "APPLICATION FOR FORM C-101) FOR SUCH PROPOSAL	EEPEN OR PLUG BACK TO A FOR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL Y WELL OTHER		]
		New Mexico "J" State 8. Well No.
2. Name of Operator Exxon Corporation		4. Well No.
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 1600, Midland, TX 79702		Vacuum Abo North
4. Well Location Unit Letter L . 2180 Feet From The South	Line and 660	Feet From The West Line
VIII DAWI		
Section 19 Township 175	Range 35F	NMPM Lea County
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	whether DF, RKB, RT, GR, etc.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Charle Appropriate Pay to Ind		Penort or Other Data
11. Check Appropriate Box to Ind		SSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	300	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB
OTHER:	OTHER:	
12 Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103.  NU class III BOPs and test, clean out to Add pay and reperforate old producing int Acidize w/ 15000 gal of 15% HCL.  Pump a gyp inhibitor squeeze and PWOP.  Work will be performed upon approval of t	PBTD of 8713'. cerval. Perfs to be	
I hereby certify that the information above is true and complete to the best of my known		vo Specialist 1-12-80
SIGNATURE D. SIMOS	me Administrati	ve Specialist DATE 1-13-89
TYPEOR PRINT NAME Stephen Johnson	(9	115) 688-7548 TELEPHONE NO.
(This space for State Use)		
ORIGINAL SIGNED BY JERRY SEXTON		JAN 1 9 1989
APPROVED BY DISTRICT I SUPERVISOR	TITLE	DATE

RECEVED

JAN 18 1989

144

HORBS OFFICE