

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30437
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name New Mexico K State
8. Well No. 35
9. Pool name or Wildcat Vacuum Glorieta

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Exxon Corporation	
3. Address of Operator P.O. Box 1600, Midland, TX 79702	
4. Well Location (SL) Unit Letter 0 : 1195 Feet From The South Line and 2518 Feet From The East Line Section 28 Township 17S Range 35E NMPM 10a County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) RKB 3954	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.
12-7-88 Drill to TD of 6300'
12-8-88 RU and run 154 jts of 5 1/2"/14/K-55/STC. Set at 6300'. Cement w/ 350 sx CLH. TOC @ 4300'
12-9-88 Release Drilling Rig.
12-20-88 MIRU Pulling Unit and begin completion operations.

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

SIGNATURE Stephen Johnson TITLE Administrative Specialist DATE 1-5-89
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 10 1989