

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-30805
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name New Mexico "K" State
8. Well No. 36
9. Pool name or Wildcat Vacuum Glorieta
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3951 DF

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 ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Exxon Corporation
3. Address of Operator P.O. Box 1600, Midland, TX 79702	4. Well Location Unit Letter M : 430 Feet From The South Line and 330 Feet From The West Line Section 28 Township 17S Range 35E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3951 DF	

11. 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☒	OTHER: ☐

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
4-10-90 RU & Run production casing 5 1/2"/15.5, 14#/K55/LTC, STC set at 6308'.
TD @ 6310'. Cemented w/ Lead: 160 sxs CLH, Tail: 190 sxs CLH.
TOC @ 4300'.

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

SIGNATURE S. Johnson TITLE Administrative Specialist DATE 4-18-90
TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 20 1990

RECEIVED

APR 19 1990

OCD
HOBBBS OFFICE