

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 1950, 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. 3002506810
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name F F HARDISON B
8. Well No. 7
9. Pool name or Wildcat BLINEBRY (PRO GAS)(CONSOLIDATED)

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" (FORMC-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter P 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 27 Township 21S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3404' DF	

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **ABANDON DRINKARD PERFS** ☒

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.

01/19/96 RIH W/ 5 1/2" CIBP AND SET @ 6100' DUMP BAIL 35' CMT ON TOP OF PLUG , RIH HOLE W/PROD EQUIP SN @ 5835
01/20/96 RETURN WELL TO PRODUCTION

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 02/19/96

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY BENTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **FEB 26 1996**

CONDITIONS OF APPROVAL, IF ANY: