

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. 3002506810
5. Indicate Type of Lease STATE ☐ FEE ☒
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 WELL ☐ GAS WELL ☒ OTHER	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS MLW14 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: **ABANDON DRINKARD PERFS.** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
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.

SET CIBP AT 6290' W/35' CMT. TO ABANDON DRINKARD.

BLINEBRY WILL CONTINUE TO BE PRODUCED.

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 11/30/95
TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 11 1995

CONDITIONS OF APPROVAL, IF ANY: