

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 1750, 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

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.)		WELL API NO. 3002506810
1. Type of Well: OIL <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL OTHER		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator EXXON CORPORATION		6. State Oil & Gas Lease No.
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name F F HARDISON B
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		8. Well No. 7
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3404 DF		9. Pool name or Wildcat BLINEBRY (PRO GAS) (CONSOLIDATED)

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: ☐

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.

AC. EXISTING BLINEBRY PERFS. (5458'-6378') W/ APPROX. 4600 GAL. AND RETURN WELL TO PRODN.

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 09/15/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL FILED IN

APPROVED BY SEP 25 1995 DATE

CONDITIONS OF APPROVAL, IF ANY:

