

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

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		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 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. 7U
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3404		9. Pool name or Wildcat BLINEBRY GAS

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: **SET BRIDGE PLUG** ☒

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.

**12/17/92 RIH AND SET CIBP @ 6000' RIH W TBG RODS AND PUMP AND PUT WELL
BACK ON 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 01/07/93

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

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1993