

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. 3002506811
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name F F HARDISON B
8. Well No. 8L
9. Pool name or Wildcat DRINKARD OIL

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 **PAGE 2 OF 2**

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
ATTN: REGULATORY AFFAIRS
P. O. BOX 1600
MIDLAND, TX 79702

4. Well Location
Unit Letter **I** : **1980** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line
Section **27** Township **21-S** Range **37-E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3402' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **ADD BLINEBRY & 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.

CONT'D FROM PAGE 1.

AS PREVIOUSLY NOTED, TOTAL BUILDUP OF DRINKARD WAS 191 MCFPD AND TOTAL GAS PRODUCED FROM BOTH POOLS WAS 369 KCFPD. THE DRINKARD'S AVERAGE KCFPD BEFORE WORKOVER WAS 25 KCFPD.

NEW ALLOCATION PROPOSAL EFFECTIVE 08/01/94; TOTAL GAS PRODUCED 369 KCFPD
DRINKARD 191 KCFPD + 25 KCFPD = 216 KCFPD 59%
BLINEBRY 153 KCFPD 41%

OIL ALLOCATION REMAINED THE SAME:

DRINKARD 88%
BLINEBRY 12%

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

SIGNATURE  TITLE **REGULATORY SPECIALIST** DATE **02/21/95**

TYPE OR PRINT NAME **DON J. BATES** (915) 688-7874 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: