Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION

District Office	Ellergy, Minerals that Media Te	and the second		Revised 1-1-89
<u>DISTRICT I</u> U.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P 0. Box 2088		WELL APENO. 3002507008	
DISTRICT II P.G. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico			
DISTRICT III	,		5. Indicate Type of Lease STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
			FEE	
(DO NOT USE THIS FORM FOR PI DIFFERENT RESI (FORM	TICES AND REPORTS ON WEL ROPOSALS TO DRILL OR TO DEEPEN O ERVOIR. USE 'APPLICATION FOR PER IC-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreeme F F HARDISON B	:nt Name
t. Type of Well: OIL GAS WELL WELL	OTHER			
2. Name of Operator EXXON CO	RPORATION		8. Well No. 1U	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600		9. Pool name or Wildcat		
MIDLAND, 4. Well Location	TX 79702		BLINEBRY (PRO GAS)	CONSOLIDATED)
	From The NORTH Line and	440 Feet F	rom The EAST	Line
	wnship 21S3 Range 7			County
Section 17	10. Elevation Show whether E			
Check A	opropriate Box to Indicate N	ature of Notice. F	Report, or Other Data	a
•	NTENTION TO:		SEQUENT REPOR	
	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
PERFORM REMEDIAL WORK			PLU	G & LINDONMENT
TEMPORARILY ABANDON — —	J CHANGE PLANS 🔲	COMMENCE DRILL		NOONMENT
CASING TEST AND CEMENT JOB				
OTHER:SIMO DEDICATE,	ONSTD.PRORATION X	OTHER:		
12. Describe Proposed or Completed Operations) — SEE RULE 1103.	tions (Clearly state all pertinent details, and g	give pertinent dates, includin	g estimated date of starting any pr	roposed
REQUESTED FOR SIM LOCATIONS FOR BOT	GAS WELL DUE TO GOR ULTANEOUS DEDICATION H WELLS AND A NON-ST LETTERS "A", "G" AN	I OF WELLS NO Andard Gas P). 1 & 2, UNORT PRORATION UNIT	(120 ACS)
OFFSET OPERATORS C-102 ARE ATTACHE	HAVE BEEN NOTIFIED. D.	COPIES OF L	ETTER TO SANTA	FE AND
Approval for workover Proration is approved.	only CANNOT produce	until Non-Stan	dard Location & N	on-Standard
Thereby certify that the information about is to SIGNATURE	are and complete to the best of my knowledge and b		pecialist DATE.	04/18/95
TYPE OR PRINT NAME Alex M.			.5) 688-6782TELEP	
(This space for State Use)	SIGNED BY JERRY SEXTON			

Approval for workover only Proration is approved.	CANNOT produce until Non-Standard Locat	tion & Non-Standard	
Thereby certify that the information above is true and complete to SIGNATURE CECTIFICATION OF THE COMPLETE CONTROL OF THE CONT	o the best of my knowledge and belief. TITLE Sr. Regulatory Specialist	DATE 04/18/95	
TYPE OR PRINT NAME Alex M. Correa	(915) 688-6	(915) 688-6782 TELEPHONE NO.	
(This space for State Use) ORIGINAL SIGNED BY	JERRY SEXTON	t to a transfer	

DISTRICT I SUPERVISOR

_ TITLE _

1124 1 3 1835

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY