

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

O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-025-07009
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. 2
9. Pool name or Wildcat Blinebry Oil & Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3391 GR

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Exxon Corp.
3. Address of Operator P. O. Box 1600, Midland, TX 79702	4. Well Location Unit Letter A : 660 Feet From The north Line and 610 Feet From The east Line Section 34 Township 21S Range 37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3391 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: add additional Blinebry perfs. ☒	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.

Exxon plans to add Blinebry perfs 5453-5737, ac 7400 gal., frac 61000 gal/
188000# sd. (present producing interval is Blinebry (5801-5814)). Minimum
BOP will be double ram, 1500# W. P.

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

SIGNATURE Alex M. Correa TITLE Administrative Specialist DATE 7-23-91
(915) 688-7532
TELEPHONE NO.

TYPE OR PRINT NAME Alex M. Correa

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: