Submit 3 Copies to Appropriate District Office

State of New Mexico Energy inerals and Natural Resources Department

CONDITIONS OF AFFROVAL, IF ANY:

\mathbf{OIL}	CONS	ERV	'AT	ION	DIV	ISIO
			_			

Form C	-103
Revised	1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CO	P.O. Box 208	NOTOTON	WELL API NO.			
		30-025-070	30-025-07011				
DISTRICT II P.O. Drawer DD, Artesia, NM 882:	Santa Santa	5. Indicate Type of Lease STATE FEE X					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8	7410			6. State Oil & Gas L			
SUNDRY	NOTICES AND RE	PORTS ON WEL	LS				
(DO NOT USE THIS FORM FO DIFFERENT I		RILL OR TO DEEPEN PLICATION FOR PEF	OR PLUG BACK TO A	7. Lease Name or Un	nit Agreement Name		
1. Type of Well:	ı XX	OTHER	·	F. F. Hard	ison "B"		
2. Name of Operator				8. Well No.			
Exxon Corporation 1 Address of Operator				9. Pool same or Wik	foot		
P. O. Box 1600, M:	idland. TX 79	702			il & Gas/ Drinkard		
4. Well Location	Latana, In 19	702		1. DITTEDLY O	II & GAST DIIIRAIU		
Unit Letter B:	660 Feet From T	be North	Line and1980	Feet From T	be <u>East</u> Line		
Section 34	Township	21S Ra	37E	NMPM Lea	County		
	10. E	GR - 3402 E	DF, RKB, RT, GR, etc.)				
11. C t	eck Anomoriate	···	Nature of Notice, R	eport, or Other I	<u>/////////////////////////////////////</u>		
	FINTENTION TO			SEQUENT RE			
PERFORM REMEDIAL WORK	$\overline{}$	D ABANDON	REMEDIAL WORK		LTERING CASING		
	г				_		
TEMPORARILY ABANDON	CHANGE	PLANS	COMMENCE DRILLING		LUG AND ABANDONMENT L		
PULL OR ALTER CASING			CASING TEST AND C		۲		
OTHER:			OTHER: Downhol	e commingling	X		
12. Describe Proposed or Completed work) SEE RULE 1103.	l Operations (Clearly state	e all pertinent details, an	d give pertinent dates, incli	iding estimated date of st	arting any proposed		
Par Adm Order DMC	7-776 dormhold		-£	(5)	2)		
Per Adm. Order DNC (Blinebry Oil & Ga							
			age, recommends				
		OIL		GAS			
Drinkard		100%			. 53.1* 53%		
Blinebry		0		46.9% 47%			
Total gas produced	d: 226 KCF p∈	er day					
Drinkard			226 = 53.1% KCF	PD			
Blinebry	106 KCF p€	er day: 106/ 2	226 = 46.9% KCF	PD			
The monthly gas pr	oduction will	be split per	the above perc	ents.			
I hereby certify that the information abo							
1 de	LAL		Administrativ	o.Coogialist	8-8-91		
SIGNATURE	21/200	, m	L Administrativ	e specialist	_ DATE		
TYPEOR FRINTNAME Don J.	Bates				(915) 688-7119 TELETHONE NO.		
(This space for State Use)	DARO BY JERRY SE)	(TON					
******	TO SUPERVISOR						
APTROVED BY			P		AUUU *		