

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. 3002520262	
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 BLINEBRY OIL COM	
8. Well No. 1	
9. Pool name or Wildcat OIL CENTER BLINEBRY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3583'	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 10 Township 21S Range 36E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3583'	

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 PERFS & ACDZ** ☒

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.

07/20/93 ADD PERFS IN BLINEBRY, 5808-5873, 5892-5905
07/21/93 ACIDIZED PERFS 5808-5873 & 5892-5905 W/8925 GALS 20-28% HCL W/ INHIBITOR
07/21/93 FRAC'D 5808-6815 W/35720 GALS & 130,000# 20/40 SAND
07/22/93 CLEANED OUT FILL TO 6082'
07/23/93 RIH W/2 3/8 PRODUCTION TBG, BOTTOM DEPTH 5775

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 ASST. DATE 09/09/93

TYPE OR PRINT NAME SHARON B. TIMLIN (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 21 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 17 1993

VOY ROEUS
OFFICE