

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. 3002520306
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 JOHN D KNOX
8. Well No. 11
9. Pool name or Wildcat OIL CENTER BLINEBRY

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
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 : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 10 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3596 RKB	

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: **FRAC JOB** ☒

SUBSEQUENT REPORT OF:

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

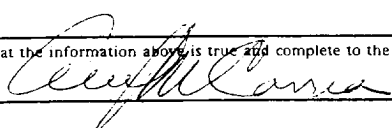
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**EXXON REQUESTS ADMINISTRATIVE APPROVAL TO FRAC THE EXISTING PERFS.
THE WELL WILL REMAIN IN THE OIL CENTER BLINEBRY.**

PROCEDURE AS FOLLOWS:

- CLEAN OUT TO TD AT 6225'.**
- FRAC PERFS 5812-5945 WITH APPROXIMATELY 160,000# 20/40 BRADY SAND, RWTP.**

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

SIGNATURE  TITLE **SR. REGULATORY SPECIALIST** DATE **09/20/93**
TYPE OR PRINT NAME **A. M. CORREA** (915) 688-6782 TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE **SEP 29 1993**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 22 1993

RECEIVED
OFFICE