

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-33778
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. 14
9. Pool name or Wildcat Oil Center; Blinbry
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3591' 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	INJECTION WELL
2. Name of Operator Exxon Corp.	
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	
4. Well Location Unit Letter J : 2337 Feet From The FSL Line and 1543 Feet From The FEL Line Section 10 Township 21S Range 36E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3591' GR	

11. 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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

11/04/99 DATE OF MIT

11/04/99 TEST PRESSURE 540

11/14/99 TUBING CASING SURFACE CASING

INITIAL 270 540 0

15 MIN. 270 540 0

30 MIN. 270 540 0

11/04/99 PACKER SETTING DEPTH 5787'

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

SIGNATURE Mary L. Dow TITLE Senior Staff Office Assistant DATE 11/24/1999
TYPE OR PRINT NAME Mary L. Dow TELEPHONE NO. (713) 431-1232

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

JCS

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