

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. 3002533778
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 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 type="checkbox"/> X OTHER INJECTION WELL	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P O BOX 4358 HOUSTON, TX 77210	
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 NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3591' GR	

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: **ALTER DEVIATION TEST FREQUENCY** ☒

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.

PURSUANT TO A 1/12/98 CONVERSATION BETWEEN EXXON'S SIMON GOMEZ AND THE NMOC'D'S WAYNE PRICE, EXXON RECEIVED NMOC'D APPROVAL TO EXTEND THE DISTANCE BETWEEN DEVIATION TEST SURVEYS FROM EVERY 500' OF HOLE TO EVERY 1,000'. THIS SITUATION AROSE BECAUSE OF HOLE SEEPAGE AND THE DRILLING CONTRACTOR'S CONCERN THAT THE DRILL PIPE WOULD GET STUCK WHILE RUNNING THE WIRELINE SURVEY. THIS EXCEPTION WAS REQUESTED AND GRANTED ON A "ONE TIME" BASIS.

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

SIGNATURE J. R. Ward TITLE Sr. Regulatory Specialist DATE 01/14/98

TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY: WILLIAMS
DISTRICT I SUPERVISOR

1998 05 15-10

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: