Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

P 0. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 3002509956 5. Indicate Type of Lease

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-934
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT (FORMC-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER	
2. Name of Operator EXXON CORPORATION	8. Well No. 7
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	9. Pool name or Wildcat
MIDLAND, TX 79702 4. Well Location	BLINEBRY OIL & GAS (PRO GAS)
Unit Letter N: 660 Feet From The SOUTH Line and	L980 Feet From The WEST Line
Section 2 Township 22S Range 371	
10. Elevation (Show whether DF, 3370 KB	RKB, RT, GR, etc.)
Check Appropriate Box to Indicate National NOTICE OF INTENTION TO:	ure of Notice, Report, or Other Data SUBSEQUENT REPORT OF:
	REMEDIAL WORK ALTERING CASING
	COMMENCE DRILLING OPNS. PLUG & ABANDONMENT
	CASING TEST AND CEMENT JOB
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give	DTHER: L
Work) SEE RULE 1103. 07/19/96 - MOVED IN & RIGGED UP 07/22 THRU 08/04 - DRILLED OUT CMT. & PLUGS TO TD OF 5720' 08/05 THRU 08/07 - SET 4" LNR. 4874'-5718' W/ 75 SKS. 08/08 GR/CNL/CCL 5706'-4800'; PERF. 5420'-5470' & 5520'-5550' W/ 1SPF (80 SHOTS) 3 1/4" RHSC GUN; SPOTTED 5 BBLS HCL 08/09 - FRAC.44,900 GAL + 168922 #'S 20/40 SD. 08/10 & 08/11 - SHUT DOWN 08/12THRU 08/14 - CLEANED OUT SAND; GR5420'-5550' 08/15 RIGGED DOWN & MOVED OFF	
I hereby certify that the information above its true and complete to the best of my knowledge and believed to the sest of my knowledge and believed to the sest of my knowledge and believed to the best	Sr. Regulatory Specialist DATE 11/13/96
TYPE OR PRINT NAME Alex M. Correa	(915) 688-6782 TELEPHONE NO.
(This space for State Use) ORIGINAL STATE OF STATEMENT TITLE APPROVED BY TITLE	
APPROVED BY TITLE	DATE

TITLE ___

APPROVED BY_