

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

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.)		WELL API NO. 3002509961 ✓
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION		6. State Oil & Gas Lease No. B-934
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name NEW MEXICO S STATE
4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 760 Feet From The EAST Line Section 2 Township 22S Range 37E NMPM LEA County		8. Well No. 12
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3370 DF		9. Pool name or Wildcat BLINEBRY GAS

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: RESTIMULATION <input checked="" type="checkbox"/>

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.

RESTIMULATE EXISTING BLINEBRY PERFS. (5450'-5862') WITH 6400 GAL AC AND FRAC OF 175000 # 20/40 SD + 44250 GAL FLUID. THIS TREATMENT CAUSED THIS WELL TO HAVE A GOR OF 154782 AND THEREFORE TO BE RECLASSIFIED AS A GAS WELL IN THE BLINEBRY OIL AND GAS POOL.

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

SIGNATURE *Alex M. Correa* TITLE **Administrative Specialist** DATE **02/24/93**

TYPE OR PRINT NAME **Alex M. Correa** (915) 688-6782 TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul R. Ritz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1993