Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

NMOCC

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
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P 0. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30025~~09948~~ 09963.

5. Indicate Type of Lease STATE ☒ FEE ☐

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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name NEW MEXICO S STATE

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator EXXON CORPORATION

8. Well No. 14

3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702

9. Pool name or Wildcat BLINEBRY OIL & GAS

4. Well Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 2 Township 22S Range 37E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐
PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ADD BLINEEBRY PERFS ,ACIDIZE ☐

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.

08/18/94 SET RBP @ 5660" PERF CSG 5392 TO 5576' W/ 3 1/8" RHSC 1 SPF
08/19/94 FRAC 5392 TO 5576 W/ 169000# 20/40 SAND AND 42900 GALS FLUID
08/25/94 LATCH ONTO RBP AND RELEASE, POH
08/26/94 TIH W/ PROD EQUIP 2 3/8 TBG AND PACKER @ 5347'
08/28/94 RETURN WELL TO PRODUCTION.

THIS WELL WAS PERMITTED IN THE BLINEBRY PRO GAS CONSOLIDATED FLD BUT DID NOT PRODUCE ENOUGH GAS TO CLASSIFIED AS A GAS WELL.

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

SIGNATURE Sharon B Timlin TITLE Sr.Staff Office Assistant DATE 10/25/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL [illegible]
DISTRICT I SUPERVISOR

OCT 28 1994

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY: