Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-09948

5. Indicate Type of Lease STATE [X] 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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: New Mexico S State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

8. Well No. 14

2. Name of Operator: Exxon Corp.

9. Pool name or Wildcat: Blinebry Oil & Gas

3. Address of Operator: P. O. Box 1600, Midland, Texas 79702

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 2 Township 22 S Range 37 E NMPM Lea County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: abandon drinkard [ ]	

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.

10-3-90 Set CIBP @ 6200' dump bail 20 ft cmt on top

10-4-90 perf well 5690' to 5728' and 5740' to 5766' and 5796' to 5822'
acidize w 2100 gals 15% HCL and 66 ball sealers & frac 64000 #
20/40 sand & 3360 gal gel

10-13-90 4 shots per ft 5799' to 5819' 80 shots

10-15-90 set packer 5454'

10-24-90 well pumping into Bty

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

SIGNATURE Sharon B. Timlin TITLE Staff Office Assistant DATE 12-14-90

TYPE OR PRINT NAME Sharon B. Timlin TELEPHONE NO. 915 688-7509

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: