

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. 3002509970
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name NEW MEXICO S STATE
2. Name of Operator EXXON CORPORATION	8. Well No. 21
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210	9. Pool name or Wildcat BLINEBRY (PRO GAS)(CONSOLIDATED)
4. Well Location Unit Letter L : 1980 Feet From The SOUTH Line and 500 Feet From The WEST Line Section 2 Township 22S Range 37E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3368 GL	

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: ☐

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.

**07/09/99 PERF 65 HOLES FROM 5605-5645 1 SPF (40 SHOTS)
5675-5700 1 SPF (25 SHOTS)**
07/12/99 ACIDIZE W/2750 GALS OF 15% HCl W/250 BALL SEALERS. KNOCK OFF BALLS.
07/16/99 FRAC BLINEBRY PERFS (5450-5700 W/85,265 GAL OF GELLED WATER (DELTA FRAC 140 SYSTEM) & 179,667 LBS OF 20/40 OTTOWA SAND AVG 4318 PSI AT 39.7 BBLS.
7/19-21/99 CLEAN OUT SAND FROM 5575-5730.

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

SIGNATURE Allison Myrow TITLE Staff Office Assistant DATE 09/08/99

TYPE OR PRINT NAME Allison Myrow (713) 431-1213 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY THIS WILL BE DISTRICT SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: