

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 <input type="checkbox"/> GAS <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.

THIS REQUEST IS TO ADD ADDITIONAL PERFS BELOW EXISTING PERFS. THE PROCEDURE IS AS FOLLOWS:

CLEAN OUT TO 5,700'
ADD PERFORATIONS FROM ABOUT 5,675' TO 5,700' AND 5,605' TO 5,645'
ACIDIZE NEW PERFORATIONS WITH ABOUT 2,750 GALLONS OF 15% HCL
FRACTURE STIMULATE NEW PERFORATIONS WITH HES'S DELTA FRAC 200 SYSTEM
WITH ABOUT 85,000 GALLONS OF GEL AND 169,000 LBS OF 20/40 WHITE SAND.
RETURN WELL TO ROD PUMP

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

SIGNATURE J. R. Ward TITLE Sr. Regulatory Specialist DATE 06/07/99

TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

J
C

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