

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

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|---|
| WELL API NO. 3002507042 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-934 |
| 7. Lease Name or Unit Agreement Name NEW MEXICO S STATE |
| 8. Well No. 210 |
| 9. Pool name or Wildcat BLINEBRY GAS |

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| 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 | |
| 2. Name of Operator EXXON CORPORATION | |
| 3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702 | |
| 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 GR | |

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: Shut in Blinebry zone ☒

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.

REQUEST IS TO TA THE BLINEBRY FORMATION ONLY IN SAID WELL. WELL WILL CONTINUE TO PRODUCE FORM THE TUBB AS A GAS WELL. PER TELEPHONE CONVERSATION THIS DATE WITH J. SEXTON A COPY OF THE PAKER LEAKAGE TEST FORM AND CHART, APPROVED 10-27-92, IS ENCLOSED. PRESSURE WAS MEASURED ON THE ANNULUS BETWEEN PRODUCTION AND INTERMEDIATE CSG. STRINGS AT 380 PSI.

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 03/22/93

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 29 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 26 1993

OCD HOBBS OFFICE