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. 30-025-09946

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-394

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. 22

2. Name of Operator: Exxon Corp.

9. Pool name or Wildcat: Blinebry Oil & Gas

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

4. Well Location
Unit Letter M : 800' Feet From The South Line and 660 Feet From The ~~East~~ West Line

Section 2 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3369 GR

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 & add pay Blinebry [X]	

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.

Abandon Drinkard perforations 6258'-6500', CIBP @ 6200', and additional Blinebry perfs (5624'-5735' w/45 shots). Acidize with 2100 gal. 15% HCl. Frac with 30030 gal + 30000# sd., Comp. 11-13-90, IPF 14 BO + 0 BW + 748 MCF, GOR 53421, 32/64" ck, TP 34, gravity 37°.

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 12-12-90

TYPE OR PRINT NAME Alex M. Correa TELEPHONE NO. (915) 688-7532

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 17 1990

CONDITIONS OF APPROVAL, IF ANY:

Drinkard E

Blinebry E