

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 3002509946
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name New Mexico "S" State
8. Well No. 22
9. Pool name or Wildcat Blinebry Oil & Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3369 GR

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Exxon Corp.

3. Address of Operator
P. O. Box 1600, Midland, TX 70702

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

11. 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: Abandon Drinkard & add pay Blinebry ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND 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.

Abandon Drinkard perforations and add additional Blinebry perforations, (5624'-5688 & 5710'-5735'). Acidize with 2100 gal. 15% HCL. Frac with 715 bbls. YF-130 X-link gel. Minimum BOP will be double ram, 2000# WP.

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 8/24/90
TYPE OR PRINT NAME Alex M. Correa TELEPHONE NO. (915) 688-7532

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: