Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL IF ANY:

Corrected Report

State of New Mexico

Energy, Minerals and Natural Resources Department

Diampion			Revised March 25, 199
DISTRICT II	5 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION STRICT II P.O. Por 2008		WELL API NO. 30-025-10129
DISTRICT III Santa Fe. New Mexico 87504-2088		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV			STATE FEE
2040 South Pacheco, Sante Fe, NM 87505			6. State Oil & Gas Lease No. 004179
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 J.L. Greenwood
1. Type of Well: Oil	Gas		
Well 2. Name of Operator	Gas Well Other		8. Well No.
Exxon Corp.			8 8
3. Address of Operator P.O. Box 4358 Houston	8 TX 7721	0-4358	9. Pool name or Wildcat Blinebry Oil & Gas (Oil)
4. Well Location K 1980	n coittu	1000	
Unit Letter : 1980	Feet From The SOUTH	Line and	Feet From The WEST Line
Section 9			IMPH Lea County
	10. Elevation (Show whether KB 3417'	DR, RKB, RT, GR, etc.)	
11.Check A	ppropriate Box to Indicate N		port, or Other Data QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	□ ALTERING CASING □
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND CE	<u></u>
OTHER.	COMPLETION	OTHER: Comminglin	NS 🛭
OTHER:			
work) SEE RULE 1103. (For Mult 10/11/99 MIRU, CLEAN TUBIN 10/12/99 CO WELL TO 6020 10/13/99 PERFED 5616-5894 (BI	tiple Completions: Attach wellbore di NG	etans, and give pertment data	ates, including estimated date of starting any propose tion or recompletion)
10/14/99 ACIDIZED W/ 500 GA	L. 15% HCL; DROPPED 6 BA		
	'ERFS W/ 85,000 GAL DELTA	FRAC 200 & 169,000	FOF 20/40 SAND. AVERAGE RATE 36
BPM. 10/19/99 PUT WELL ON ROD 1	PUMP. RDMO		
⊖RIGINAL PERFS 5010-5132 (I	PADDOCK), BLINEBRY PER	FS ARE ABOVE CIBI	P @ 6235'
DOWNHOLE COMMINGLED			
I hereby certify that the information above is true and complete	4	dministrative Assistant	02/07/2000
SIGNATURE Evelyn V. Boutte	MUUCE TITLE A	mmisti auve Assistant	(712) 421 1447
TYPE OR PRINT NAME EVERYN V. BOUTTE			TELEPHONE NO. (713) 431-1446
(This space for State Use)			

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