

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-10130

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
Fee

7. Lease Name or Unit Agreement Name
J L Greenwood

8. Well No.
9

9. Pool name or Wildcat
Blinebry Oil and Gas (Oil)

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other DHC	
2. Name of Operator Exxon Corp.	
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	
4. Well Location Unit Letter J : 1980 Feet From The south Line and 2080 Feet From The east Line Section 9 Township 22S Range 37E NMPH Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3424 DF	

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **DHC** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

9/20/99 MIRU. POH w/prod. string.
9/21/99 DO CIBP @ 5860' to comming Blinebry and Tubb zones.
9/22-24/99 CO fill to 6082.
9/25/99 RIH w/pump & prod. string. RDMO.

Handwritten notes and signatures:
9/20/99
9/21/99
9/22-24/99
9/25/99
DHC

Downhole commingling approved 08/19/1999.

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

SIGNATURE Allison Myrow TITLE Staff Administrative Assistant DATE 12/03/1999

TYPE OR PRINT NAME Allison C. Myrow TELEPHONE NO. (713) 431-1213

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL IF ANY:

JC