## State of New Mexico

Energy

Submit to Appropriate District Office State Lease -- 6 copies inerals and Natural Resoures Department

Form C 101 Revised 1-1-89

Fee Lease 5 copies	OIL C			Revised 1	-1-89				
P.O. Box 2088						API NO. (assigned by OCD on New Wells)			
P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2088						3002510133			
DISTRICT II P.O. Drawer DD, Artesia, 1	NM 88210				5. Indicate T	ype of Lease STATE	☐ FEE	X	
DISTRICT III 1000 Rio Brazos Rd., Aztec	, NM 87410				6. State Oil &	Gas Lease No	).		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK									
1a. Type of Work:					7. Lease Nan	ne or Unit Agr	eement Name		
DRILL	RE-ENTER	DEEPE	N $\square$	PLUG BACK	J L GRE	ENHOOD			
1b. Type of Well: OIL X GAS WELL WELL	OTHER	SIN ZO	IGLE X	MULTIPLE ZONE					
2. Name of Operator EXXON CORPORATION						8. Well No. <b>12</b>			
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14					9. Pool name	9. Pool name or Wildcat			
P. O. BOX 1600 MIDLAND, TX 79702						BLINEBRY OIL & GAS			
4. Well Location Unit Letter	: <b>660</b> Feet F	rom The SO	UTH	Line and1	RRN Feet F	rom The	EAST	Line	
<u></u> _		<u> </u>	<u> </u>		<u> </u>				
Section 9		ship <b>22S</b>	Range		NMPM	LEA		County	
nti 1247244945 ibas									
		10. Propos 809	sed Depth 0		1. Formation BLINEBRY		Rotary or C		
13. Elevations (Show wheth 3424 DF	er DF,RT,GR,etc.)	14. Kind & Status P BLANKET	lug. Bond	15. Drilling Co UNKNOW		16. Approx. I	Date Work wi	ll start	
17.	PR	OPOSED CASI	NG AND	CEMENT P	ROGRAM				
SIZE OF HOLE	SIZE OF CASIN	G WEIGHT PE	R FOOT	SETTING DE	PTH SACKS O	F CEMENT	EST.	ГОР	
15	10 3/4	40.5		408	350			SURF.	
9 7/8	7 5/8	26.4		3205	1400			455	
6 3/4	5 1/2	17,14,15	. 5	8090	585		275	0	
SQ. PADDOCK PERF. BLINE 66000 # SD. FRAC. APPROX RETURN WELL PLEASE EXPE	BRY APPROX. + 20000 GA x. 162000 # TO PRODN.	5380'-551 L. & APPRO SD. + 450 SIBLE.	X. 559 00 GAL	8'-5776',		lox. 900 Approval			
IN ABOVE SPACE DE		PROGRAM: IF PROTE PROGRAM	OPOSAL IS TO AM, IF ANY.	DEEPEN OR PLUC			PRODUCTIVE Z	ONE AND	

PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

TITLE Sr. Regulatory Specialist

DATE 01/23/96

TYPE OR PRINT NAME Alex M. Correa

(915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

GARY WINK

MARK TITLE

DATIAN 26 1996

