Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energ Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P 0. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
3002510250

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
FEE

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' (FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

N G PENROSE

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

8. Well No.
1

2. Name of Operator
EXXON CORPORATION

9. Pool name or Wildcat
BLINEBRY OIL & GAS (OIL)

3. Address of Operator
**ATTN: REGULATORY AFFAIRS
P. O. BOX 4358
HOUSTON, TX 77210**

4. Well Location

Unit Letter **B** : **660** Feet From The **NORTH** Line and **1980** Feet From The **EAST** Line

Section **13**   Township **22S**   Range **37E**   NMPM   **LEA** County

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

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:_____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG & 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.

8/5/99   DRILL OUT TO CIBP AT 6060' AND PUSH CIBP DOWN TO 6544 TO REDOWNHOLE COMMINGLE BLINEBRY, DRINKARD, AND TUBB.

**ORIGINAL C103 SUBMITTED 8/17/99.
AMENDED**

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

SIGNATURE _____   TITLE **Staff Office Assistant**   DATE **08/26/99**

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

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____   TITLE _____   DATE **OCT 15 1999**

CONDITIONS OF APPROVAL, IF ANY: