

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.
30-025-10250

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"
(FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name
N G Penrose

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Exxon Corp.

8. Well No.
1

3. Address of Operator **Regulatory Affairs**
P. O. Box 4358 Houston Tx 77210-4358

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

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** NMPH **Lea** County

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

3349 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: ☐

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)

8/5/99 Drill out to CIBP at 6060 and push CIBP down to 6544 to redownhole commingle Blinebry, Drinkard/Tubb.

Blinebry Oil & Gas	--	Pool Code 06660
Tubb Oil & Gas (Gas)	--	Pool Code 86640
South Brunson Drinkard Abo	--	Pool Code 07900

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

SIGNATURE Allison Myrow TITLE **Staff Office Assistant**

DATE **08/17/1999**

TYPE OR PRINT NAME **Allison Myrow**

TELEPHONE NO. **(713) 431-1213**

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE **AUG 27 1999**

CONDITIONS OF APPROVAL IF ANY: