DISTRICT I

## OIL CONSERVATION DIVISION

Form C	-103
Revised	1-1-89

P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088	WELL API NO. 3002510250	
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-20		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.	
	FEE	
SUNDRY NOTICES AND REPORTS ON WELLS	ACK TO A 7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT'	N G PENROSE	
(FORMC-101) FOR SUCH PROPOSALS.)	N & FEMALOSE	
I. Type of Well: OIL	8. Well No.	
2. Name of Operator EXXON CORPORATION	1	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14	9. Pool name or Wildcat	
MIDLAND) IA 7779E	BLINEBRY OIL & GAS (OIL)	
4. Well Location  Unit Letter 8:660 Feet From The NORTH Line and 1980	Feet From The <b>EAST</b> Line	
775	NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT		
3349' DF	CALL : Description Other Data	
Check Appropriate Box to Indicate Nature of	SUBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK	DIAL WORK  ALTERING CASING  PLUG & ABANDONMENT	
TEMPORARILY ABANDON CHANGE PLANS COMM	ENCE DRILLING OPNS. LABANDONMENT LA	
	G TEST AND CEMENT JOB	
OTHER: OTHER	٠ <u>ــــــــــــــــــــــــــــــــــــ</u>	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent	nt dates, including estimated date of starting any proposed	
L1 CCC DITC 1103		
THE PROCEDURE BELOW WILL ALLOW THE RE-COMMINGLING OF THE BLINEBRY, DRINKARD AND TUBB POOLS. ORDER 8707 PROVIDES THE AUTHORITY FOR THE DRINKARD AND TUBB POOLS. ORDER 8707 PROVIDES THE AUTHORITY FOR THE		
COMMINGLING AND THE SIMULTANEOUS DEDICATED	BENTLY ACTIVE IN THE TUBB, BUT	
COMMINGLING AND THE SIMULTANEOUS DEDICATION TUBB OIL AND GAS POOL. NUMBER 4 IS NOT CUBWE ARE NOT REQUESTING CHANGES TO THE PROPERTY.	ATION OF THE TUBB AT THIS TIME.	
PULL OUT OF HOLE WITH LIFT EQUIPMENT.  DRILL OUT CAST IRON BRIDGE PLUG AT 6060'.		
RUN BACK IN HOLE WITH THE PRODUCTION EQUIP PUT WELL ON PUMP AND RETURN TO PRODUCTION.	PMENT.	
PUT WELL ON FOMP AND KETOKK TO THE		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	06/08/99	
SIGNATURE TITLE Sr. R	egulatory Specialist DATE 06/08/99	
TYPE OR PRINT NAME J. R. Ward	(713) 431-1024 TELEPHONE NO.	
(This space for State Use)		
ORIONAL ON COLOR CHOICE IAM I LANGE		
APPROVED BY ENGLISH TO A STATE TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		