

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

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

WELL API NO. <b>3002510250</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>FEE</b>
7. Lease Name or Unit Agreement Name <b>N G PENROSE</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>BLINEBRY OIL &amp; GAS (OIL)</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>DF3349</b>

**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.)

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

2. Name of Operator  
**EXXON CORPORATION**

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

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.

**SQUEEZE PERFS FROM APPROXIMATELY 5087' TO 5096'.**  
**PLACE CIBP ABOUT 6060' WITH 30' CEMENT TOP, ISOLATING THE DRINKARD-TUBB.**  
**FRAC BLINEBRY FROM ABOUT 5601' TO 6010'.**  
**FRAC UTILIZES APPROXIMATELY 236,000# 20/40 SAND AND 79,500 GAL. OF GEL.**  
**WILL TEST THE BLINEBRY AND PRODUCE IF PRODUCTION RATES ARE ACCEPTABLE.**  
**IF UNSUCCESSFUL, WILL REMOVE CIBP AND RE-DHC WITH BLINEBRY, TUBB AND DRINKARD, PER DHC R-8707.**

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

SIGNATURE J. R. Ward TITLE Sr. Regulatory Specialist DATE 10/22/97  
TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE NOV 25 1997

CONDITIONS OF APPROVAL, IF ANY: