

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>3002510251</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>24</b>
9. Pool name or Wildcat <b>BLINEBRY OIL &amp; GAS (OIL)</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator <b>EXXON CORPORATION</b>
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14</b> <b>P. O. BOX 1600</b> <b>MIDLAND, TX 79702</b>	4. Well Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>13</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> 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.

**SET RBP @ 5830'; SPOT 6 BBLs AC.; SET PKR. @5300', FRAC. EXISTING**  
**BLINEBRY PERFS. 5506'-6001' W/ APPROX. 80,000 GAL. + 240,000 #'S 20/40**  
**SD.; RETURN BLINEBRY TO PRODN.**

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 12/05/96  
TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: