Jubmit 3 Copies
o Appropriate
District Office

State of New Mexico

	Fori	n C	-103
Revised	March	25.	1999

o Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				Form C-103 Revised March 25, 1999 WELL API NO. 30-025-20283		
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240							
DISTRICT II 111 South First, Artesia NM 88210				5. Indicate Type of	of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa 10, 1	icw Moxico C.	204 2000		STATE STATE		
OISTRICT IV 2040 South Pacheco, Sante Fe, NM 875	6. State Oil & Ga B-934	s Lease No.					
SUNDRY	NOTICES AND REP	ORTS ON WE	ELLS	. ////////			
(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 of	7. Lease Name or Unit Agreement Name New Mexico S State			
1. Type of Well: Oil Well	Gas Well	04					
Well 2. Name of Operator	Well L	Other		8. Well No.			
Exxon Mobil Corporation			25	9. Pool name or Wildcat Blinebry Oil and Gas (Oil)			
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358							
4. Well Location			2120				
Unit Letter N:	810 Feet From The	south	Line and 2130	Feet From T	he west	Line	
Section 2	Township 22S	3	Range 37E	NMPH	Lea c	ounty	
	10. Elevat	ion (Show whether	DR, RKB, RT, GR, etc	:.) 	<u> </u>		
11 Chec	k Appropriate Box	to Indicate	Nature of Notic	e, Report, or Oth	er Data		
	INTENTION TO:		SL	IBSEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	<u> </u>		REMEDIAL WOR	uk 🗆	ALTERING CASING	Ε	
TEMPORARILY ABANDON	☐ CHANGE PLAN		COMMENCE DR	ILLING OPNS. 🗆	PLUG & ABANDONN	ENT [
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND CEMENT JOB			
OTHER:			OTHER:				
12. Describe proposed or completed of work) SEE RULE 1103. (For M TA Procedure: 1) MIRU WLSU. Install a cl. 2) RIH w/CIBP for 2-7/8" car. 3) Pressure test plug to 500#4 RIH w/killstring to TOC of tubing/casing annulus w/pkr 5) RDMO WSU.	ass II lubricator and sing and set at appro to ensure proper seal on CIBP. Circ WB w	WL BOP, an x. 5590'. Du	d test. mpbail 35' of cem	ent on top of CIBP.	RDMO WLSU.	, fill	
			F	HOURS PAHOR TO	MUST BE NOTHED (THE REPERNISHE C HOND FOR THE CHO!) 4 	
I hereby certify that the information above is true	and complete to the best of my know						
SIGNATURE O.O. H	oward	TITLE	Sr. Regulatory Sp		DATE 05/23/2001		
TYPE OR PRINT NAME Dolores O. I	Howard			TELER	HONE NO. (713) 431-1792		
(This space for State Use)						· i	
APPROVED BY		TYTLE		· · · · · · · · · · · · · · · · · · ·	DATE		
CONDITIONS OF APPROVAL IF ANY:				ι			

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