

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells)
30-025-20283

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-934

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒		7. Lease Name or Unit Agreement Name New Mexico "S" State
b. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐		
2. Name of Operator Exxon Corp. (Regulatory Affairs PC #3)		8. Well No. 25
3. Address of Operator P. O. Box 1600, Midland, TX 79702		9. Pool name or Wildcat Blinebry

4. Well Location
Unit Letter N : 810 Feet From The South Line and 2130 Feet From The West Line
Section 2 Township 22S Range 37E NMPM Lea County

10. Proposed Depth 3357 GL		11. Formation Blinebry	12. Rotary or C.T. Rotary
13. Elevations (Show whether DF, RT, GR, etc.) 3357 GL	14. Kind & Status Plug. Bond Blanket	15. Drilling Contractor Unknown	16. Approx. Date Work will start September, 1990

17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48	305	325	Surf
12-1/4	9-5/8	32.3	2660	600	1275
*	*	*	*	*	*

Set CIBP in string #1 at 6200' w/20' of cmt on top to abandon Drinkard perfs 6255-6486'. P&A string #3 with cmt to surf (Grayburg). Perf string #1 in Blinebry, 5672 - 5740' & 5778 - 5814'. Ac. 2100 gal 15% HCL, frac 31000 gal gel + 63500 #20/40 sd. Minimum BOP will be double ram, 2000# WP.

* #1 & 2 -- 8-3/4 hole, 2-7/8" csg, wt = 6.4, set @ 7393, TOC 1500'
#3 -- 8-3/4 hole, 2-7/8" csg, wt = 6.4, set @ 5456, TOC 1500'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Alex M. Correa TITLE Administrative Specialist DATE 10-18-90
TYPE OR PRINT NAME Alex M. Correa 915-688-7532 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: