

DISTRICT I
P.O. Box 1950, 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

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.)		WELL API NO. 3002520390
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION		6. State Oil & Gas Lease No. B-934
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name NEW MEXICO S STATE
4. Well Location Unit Letter J : 1650 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 22 Township 22S Range 37E NMPM LEA County		8. Well No. 24
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3363 GR		9. Pool name or Wildcat BLINEBRY OIL

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.

THIS WELL WAS A TRIPLE TUBINGLESS COMPLETION.

STRING #3 - P&A APPROVED 1-30-91.

STRING #2 - PRODUCING FORM THE WANTZ-ABO (6505'-7103').

STRING #1 - 1. RU WL. INSTALL & TEST CLASS II WL BOP.

**2. RIH W/CIBP & SET AT +/- 5600'. DUMP BAIL MIN. 35' CMT.
ON CIBP. TO TA STRING #1.**

3. TEST CSG. INTEGRITY PER RULE 203,C,1,A.

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 04/01/93

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL WORKING COPY

APR 05 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2A
Blby zone FA'd at Comp. no allow record assigned