Submit 3 Copies to Appropriate District Office

State of New Mexico ierals and Natural Resources Department Energy,

Form C-103 Revised 1-1-89

_____ DATE __AUG 2 4 1993

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P 0. Box 2088		WELL API NO. 3002524990		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	STATE Lease No.	FEE X
SUNDRY NO (DO NOT USE THIS FORM FOR P DIFFERENT RES (FORM	7. Lease Name or Unit Agreement Name N G PENROSE				
1. Type of Well: OIL X GAS	OTHER				
WELL WELL 2. Name of Operator EXXON CORPORATION			8. Well No.		
3. Address of Operator ATTN: REGULATORY AFFAIRS			9. Pool name or Wildcat BLINEBRY OIL		
4. Well Location	<u>^_TX</u>		T DETILEDAT O		
Unit Letter G: 1980 Feet	From The NORTH Line and	1980 Feet	From The	AST	Line
Section 13 To	ownship 22S Range 3	7E NMI	РМ	LEA	County
*	10. Elevation (Show whether D 3334 GR	F, RKB, RT, GR, etc.)			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: ADD BLINEBRY P 12. Describe Proposed or Completed Operwork) SEE RULE 1103. WELL IS PRESENTLY DRKD/ABO AND WANTINTENT IS TO SET GRANITE WASH. AI	Tations (Clearly state all pertinent details, and good DOWN HOLE COMMINGLE TZ GW. CIBP'S AT 5909' AND DD BLINEBRY PERFS. 54	REMEDIAL WORK COMMENCE DRING CASING TEST AN OTHER: give pertinent dates, include ED FROM THE 6300' TO IS 641'-5528', FORE MAKING	LLING OPNS. D CEMENT JOB ing estimated date of BLINEBRY, OLATE DRK FRAC. WIT DECISION	starting any proposed S.BRUNSON D/ABO AND H APPROX.	CASING NAMENT NAMENT
1 hereby certify that the information above of SIGNATURE	True and samplete to the best of my knowledge and l	belief. Sr. Regulatory	Specialist	DATE	/19/93
TYPE OR PRINT NAME Alex M	. Correa	(9	15) 688-6	782 TELEPHONE	NO.
(This space for State Use)					

TITLE ___

APPROVED BY_

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR