

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>3002525144</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>B-934</b>	
7. Lease Name or Unit Agreement Name <b>NEW MEXICO S STATE</b>	
8. Well No. <b>27</b>	
9. Pool name or Wildcat <b>BLINEBRY (PRO GAS)(CONSOLIDATED)</b>	

<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 type="checkbox"/> GAS WELL <input checked="" 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>K</b> : <b>1830</b> Feet From The <b>SOUTH</b> Line and <b>1900</b> Feet From The <b>WEST</b> Line Section <b>2</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3358' KB</b>	

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.

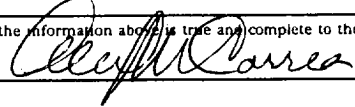
**ADD BLINEBRY PERFS. APPROX. 5415'-5570', AC. APPROX. 1200 GALS., FRAC. APPROX. 160000 # SD. + 45000 GAL.**

**RETURN WELL TO PRODN. IN BLINEBRY AS GAS WELL.**

**C-102 IS ATTACHED.**

**REQUEST FOR ADMINISTRATIVE APPROVAL OF SIMULTANEOUS DEDICATION OF #'S 7, 21, 22 AND 27 IS ATTACHED.**

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

SIGNATURE  TITLE Sr. Regulatory Specialist DATE 03/04/96

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

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **MAR 06 1996**

CONDITIONS OF APPROVAL, IF ANY: