

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)
30-025-25268

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 ☒

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

Exxon Corporation

3. Address of Operator

P.O. Box 1600, Midland, TX 79702

7. Lease Name or Unit Agreement Name

New Mexico S State

8. Well No.

28

9. Pool name or Wildcat

Blinebry Oil & Gas

4. Well Location

Unit Letter F : 2160 Feet From The North Line and 1800 Feet From The West Line

Section 2 Township 22 S Range 37 E NMPM Lea County

10. Proposed Depth
7200

11. Formation
Blinebry Oil

12. Rotary or C.T.
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)
3383 RKB

14. Kind & Status Plug. Bond
Blanket

15. Drilling Contractor
Unknown

16. Approx. Date Work will start
5-30-90

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
13 3/4	10 3/4	40.5, 41.85	1120	520 sxs	
8 3/4	7	23, 26	7198	1550 sxs	

Plug Back from Wantz Abo and Drinkard to the Blinebry Oil Pool.
MIRU and NU (Minimum) 2000 psi WP double ram BOP, test and kill well.
Set CIBP @ 6740' and cap w/ 20' cmt. Set CIBP @ 6230' and cap w/ 20' cmt.
Test casing and CIBP to 1500 psi.
Perf: 5798' - 5816', 5708' - 5752', 1 shot/2'.
NU annular BOP and test.
Acidize w/ 1600 gal of 15% HCL. Frac w/ 750 bbls of frac fluid and 55000# of
20/40 Brady sand.

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 Stephen Johnson TITLE Administrative Specialist DATE 5-30-90

TYPE OR PRINT NAME Stephen Johnson (915) 688-7548 TELEPHONE NO.

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 31 1990