Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
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

WELL API NO.
30-025-25277

5. Indicate Type of Lease
STATE [X] FEE [ ]

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

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
New Mexico S State

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Exxon Corp.

8. Well No.
32

3. Address of Operator
P. O. Box 1600, Midland, Texas 79702

9. Pool name or Wildcat
Blinebry Oil & Gas

4. Well Location
Unit Letter G : 2300 Feet From The N Line and 1980 Feet From The E Line
Section 2 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3359 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: plug back to Blinebry Oil [X]	

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.

7-09-90 MIRU pull rods
7-11-90 set CIBP above production phr @ 7165 dump bail 20 ft cmt on 2nd CIBP @ 6250
7-12-90 perf well 36 perfs 5822-5838 & 5726-5778
7-14-90 acidize w/50 bbls 15% acid w/ball sealer
7-16-90 frac w/55000# 20/40 Brady sand max psi 4070#
8-10-90 well pumping

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

SIGNATURE Sharon B. Timlin TITLE Staff Office Assistant DATE 6-14-91

TYPE OR PRINT NAME Sharon B. Timlin TELEPHONE NO.

(This space for State Use)

APPROVED BY ________ TITLE ________ DATE JUL 02 1991

CONDITIONS OF APPROVAL, IF ANY: