Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-1(Revised March 25, 19

DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505				WELL API NO. 30-025-25299 5. Indicate Type of Lease		
						6 State Oil & Cos I
				0, state of a das Lease No.		
				SUNDRY	NOTICES AND	REPORTS ON
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or Unit Agreement Name		
(F	ORM C-101) FOR ST	UCH PROPOSALS	S)	New Mexico S St	ate	
1. Type of Well: Oil	Gas			ļ		
Well	Well -	Other		8. Well No.		
2. Name of Operator Exxon Mobil Corporation				33		
3 Address of Operator P.O. Box 4358				9. Pool name or Wi		
Housto		TX	77210-4358	Blinebry Oil and	I Gas (OII)	
4. Well Location Unit Letter P	380 Feet Fro	om The south	Line and 860	Feet From The	east Lin	
Section 2	Townshi	ip 22S	Range 37E	NMPH	Lea County	
	10.	Elevation (Show w 3367KB	hether DR, RKB, RT, GR, etc.)		<u> </u>	
11 Chao	ek Appropriate	Box to India	cate Nature of Notice,	Report, or Other	r Data	
NOTICE OF	INTENTION	TO:	SUBS	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK		ABANDON [REMEDIAL WORK		ALTERING CASING	
	☐ CHANGE I	κ		ING OPNS.	PLUG & ABANDONMENT	
TEMPORARILY ABANDON		LANO F				
PULL OR ALTER CASING	MULTIPLE COMPLET	د	_			
OTHER:		L	- \OINER		Saturding any proposed	
12. Describe proposed or completed of work) SEE RULE 1103. (For M	operations. (Clearly significant completions:	tate all pertinent de Attach wellbore di	etails, and give pertinent dates, inc lagram of proposed completion or	recompletion)	starting any proposed	
Commingling project work ca	ancelled. Well	is a single pro	ducer.			
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1-13-03					1808 82 8 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
DHO Order 11%	, DI-00.	22 Can	ulad J			
hereby certify that the information above is true a		ny knowledge and belief		11.	00/10/2002	
SIGNATURE O. H	oward.		TITLE Sr. Regulatory Speci	alist	DATE 09/10/2002	
TYPE OR PRINT NAME Dolores O. 1	Howard			TELEPHO	ONE NO. (713) 431-1792	
This space for State Use)					'JAN 1 3 2003	
		ÖRIĞİNA	LAGNED DY		DATE	
APPROVED BY			LAGNED SY LLAVS	95 11.1000ACTS		
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