

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. 3002525456
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name NEW MEXICO S STATE
8. Well No. 36
9. Pool name or Wildcat BLINEBRY OIL & GAS (OIL)

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" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210
4. Well Location Unit Letter B : 330 Feet From The NORTH Line and 1810 Feet From The EAST Line Section 2 Township 22S Range 37E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3369 GR

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: **ADD PERFS & COMMINGLE** ☒

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.

7/10/97 SET CIBP @ 5898'
7/14/97 PERFORATED @ 5704-5773-5803-5845, ACIDIZED W/2500 GAL 15% HCL.
FRAC'D W/APPROX 113,400 LBS 20/40 SAND & 32300 GAL FLUID.
7/10/97 TESTED BLINEBRY
8/25/97 DRILLED OUT CIBP FROM 5898' TO COMMINGLE ABO & BLINEBRY
9/10/97 ACIDIZED ABO & BLINEBRY W/1000 GAL 15% HCL.
9/20/97 START PRODUCTION OF THE ABO & BLINEBRY.

NOTE: PLEASE SEE ADMINISTRATIVE ORDER DHC-1669

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

SIGNATURE Patti Sandoval TITLE Sr Staff Office Assistant DATE 12/11/97

TYPE OR PRINT NAME Patti Sandoval (713) 431-1212 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: