

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)  
**3002525456**

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 ☒

1b. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

SINGLE ZONE ☐

MULTIPLE ZONE ☒

2. Name of Operator

**EXXON CORPORATION**

7. Lease Name or Unit Agreement Name

**NEW MEXICO S STATE**

3. Address of Operator

**ATTN: REGULATORY AFFAIRS ML#14  
P. O. BOX 1600  
MIDLAND, TX 79702**

8. Well No.

**36**

9. Pool name or Wildcat

**BLINEBRY OIL & GAS (OIL)**

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. Proposed Depth  
**7600**

11. Formation  
**BLINEBRY**

12. Rotary or C.T.  
**ROTARY**

13. Elevations (Show whether DF, RT, GR, etc.)  
**3369 GR**

14. Kind & Status Plug. Bond  
**BLANKET**

15. Drilling Contractor  
**UNKNOWN**

16. Approx. Date Work will start  
**ASAP**

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<b>13 3/4</b>	<b>10 3/4</b>	<b>36-40</b>	<b>1176</b>	<b>700</b>	<b>SURF</b>
<b>8 3/4</b>	<b>7</b>	<b>26, 20, 23</b>	<b>7595</b>	<b>2040</b>	<b>SURF</b>

WELL IS CURRENTLY COMP. AS WANTZ ABO

- SET RBP @ 5900'
- PERF. BLINEBRY APPROX. 5680'-5840'
- SET PKR. @ 5400'
- AC. APPROX. 3500 GAL. 15% HCL
- FRAC. APPROX. 113,400 LBS. 20/40 SD. + 32300 GAL.
- TEST BLINEBRY
- DOWNHOLE COMMINGLE BLINEBRY & WANTZ ABO

COPY IN APPLICATION TO DOWNHOLE COMMINGLE & PLATS ARE ATTACHED.

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

*Alex M. Correa*

TITLE

**Sr. Regulatory Specialist**

DATE **06/17/97**

TYPE OR PRINT NAME

**Alex M. Correa**

**(915) 688-6782** TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

35C

