

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.  
**3002529979**

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
**FEE**

**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.)

7. Lease Name or Unit Agreement Name  
**N G PENROSE**

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
**EXXON CORPORATION**

8. Well No.  
**4**

3. Address of Operator  
**ATTN: REGULATORY AFFAIRS**  
**P. O. BOX 4358**  
**HOUSTON, TX 77210**

9. Pool name or Wildcat  
**BLINEBRY OIL & GAS (OIL)**

4. Well Location  
Unit Letter **A** : **350** Feet From The **NORTH** Line and **660** Feet From The **EAST** Line  
Section **13** Township **22S** Range **37E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**KB 3345**

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: ☐

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.

**ISOLATE DRINKARD TUBB, FRAC BLINEBRY & TEST WELL.**  
**WILL PLACE CIBP ABOUT 6060' WITH 30' CEMENT TOP, ISOLATING THE DRINKARD TUBB.**  
**PLAN TO FRAC THE FOLLOWING APPROXIMATE ZONES:**  
**5600 TO 5635'**  
**5655 TO 5750'**  
**5765 TO 5845'**  
**FRAC UTILIZES ABOUT 237,000# 20/40 SAND & 79,500 GAL. OF GEL.**  
**IF UNSUCCESSFUL, WILL REMOVE CIBP AND RE-DHC WITH BLINBRY, DRINKARD, TUBB AND ABO PER DHC R-8707.**

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

SIGNATURE J. R. Ward TITLE **Sr. Regulatory Specialist** DATE **10/23/97**

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

10/23/97