

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. 3002530455
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name J L GREENWOOD
8. Well No. 16
9. Pool name or Wildcat BLINEBRY OIL & GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3411GR

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702

4. Well Location
Unit Letter **N** : **922** Feet From The **SOUTH** Line and **2238** Feet From The **WEST** Line
Section **9** Township **22S** Range **37E** NMPM **LEA** County

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 BLINEBRY PERFS** ☐

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.

THIS INFORMATION WAS REPORTED ON C-103 DATED 2/10/94 IN THE BLINEBRY PRO GAS) CONSOLIDATED FIELD. THIS WELL WAS NOT COMPLETED AS A GAS WELL IT SHOULD BE CARRIED AS AN OIL WELL.
12/15/93 MIRU
12/16/93 SET CIBP @ 6220' DUMP 30' CMT ON TOP OF PLUG, PERF 5606' TO 5717 76 HOLES,
12/17/93 ACIDIZE W/ 5750 GALS 20% HCL
12/21/93 FRAC W/ 22525# 20/40 SAND AND 25998 GALS FLUID
12/27/93 SET CIBP @ 5580' PERF 5520 TO 4357 106 SHOTS
12/28/93 ACIDIZE W/ 2184 GALS 20% HCL
12/19/93 FRAC W/ 84640# 20/40 SAND AND 28935 GALS FLUID, 12/31/93 MILL OUT CIBP TO TD. 01/03/94 SET PACKER @ 4298, 01/12/94 RETURN WELL TO PROD

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 10/12/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: