

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. 3002533777
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 A J ADKINS
8. Well No. 11
9. Pool name or Wildcat OIL CENTER BLINEBRY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3589

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION WELL
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 F : 1500 Feet From The NORTH Line and 2266 Feet From The WEST Line Section 10 Township 21S Range 36E NMPM LEA County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: INJECTION <input checked="" type="checkbox"/>

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.

01/20/98 MIRU SENT LOG TO ENGR TO PICK PERFS
02/08/98 PERFORATE W/ 4" GUN 90' PHASING 5797 TO 6124
02/10/98 ACIDIZE W/ 5000 GAL 15% HCL ACROSS INTERVAL
02/11/98 RIH W 2 3/8 CMT LINED TBG AND PACKER SET @ 5775'
02/20/98 RAN CSG / PKR INTEGRITY CHART FOR 30 MIN @ 660 PSI TEST GOOD
SHUT WELL IN WAITING ON FACILITIES.

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

SIGNATURE Mary L Dow TITLE Sr Staff Office Assistant DATE 04/22/99

TYPE OR PRINT NAME Mary L. Dow (713) 431-1232 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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C
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[Handwritten signatures and initials]