

Submit 3 Copies To: District I
 Office
 District.II
 1625 N. French Dr., Hobbs, NM 87240
 District.III
 1301 W Grand Ave., Artesia, NM 88210
 District.IV
 1000 Rio Brazos Rd., Aztec, NM 87410
 District.IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
JAN 21 2009
HOBBSOCD

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

WELL API NO. 30-025-33777
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 Number 11
9. OGRID Number
10. Pool name or Wildcat Oil Center; Blinebry

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" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:
 Oil Well Gas Well Other Injection

2. Name of Operator
 ExxonMobil Corp.

3. Address of Operator
 P.O. Box 4358 Houston TX 77210-4358

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 County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3589

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MECHANICAL INTEGRITY TEST <input checked="" type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/10/09: Date of MIT
01/10/09: Test Pressure 510
01/10/09: TUBING CASING SURFACE CASING
 INITIAL 0 510 0
 15 MIN. 0 510 0
 30 MIN. 0 510 0
 Permanent packer setting depth 5700'

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE Roxanne Tack TITLE Sr. Staff Technical Astd. DATE 01/19/2009
 E-mail address: roxanne.tack@exxonmobil.com
 Type or print name Roxanne Tack Telephone No. (281) 654-1883

For State Use Only
 APPROVED BY Cary M. Hill TITLE DISTRICT 1 SUPERVISOR DATE JAN 22 2009
 Conditions of Approval, if any.

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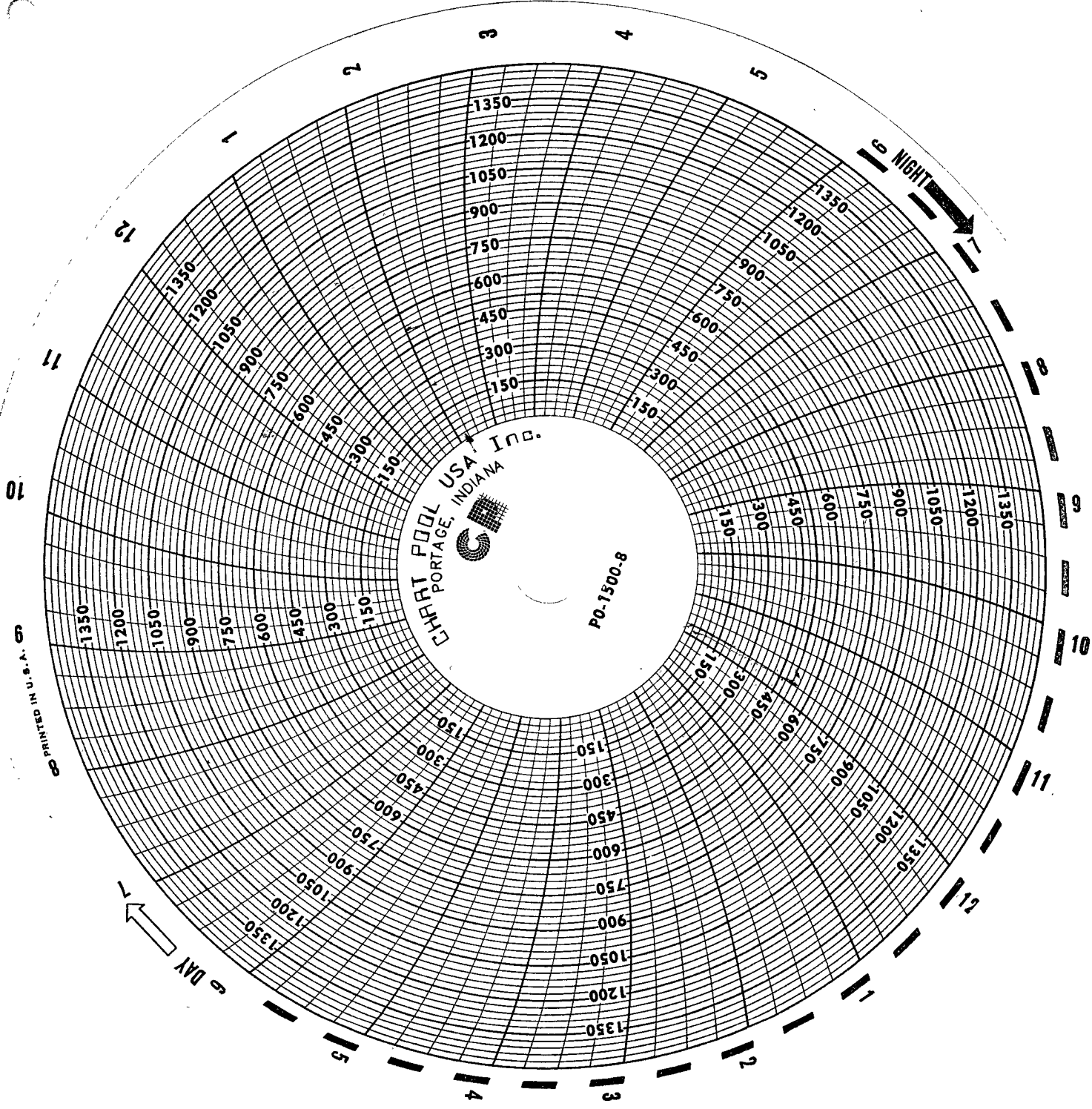
DAY

NIGHT

CHART POOL USA Inc.
PORTAGE, INDIANA



PO-1500-8



KEY ENERGY SERVICES

LEASE: Adkins #11

WELL#: 11

TBG PSI: 0

CSG PSI: 510 FOR 30 MINS.

CMIC: _____

CONTRACTOR: Key Energy

DRIVER NAME: Chris Hays/CHP

DATE RRC NOTIFIED: 1-9-09

PERSON NOTIFIED: SILVIA BIDKEY

By Bill Price XOM REP

TEST DATE 9-10-09

API # 30-025-33777-00-00