

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. <b>3002526327</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>FEE</b>
7. Lease Name or Unit Agreement Name <b>A J ADKINS COM</b>
8. Well No. <b>2</b>
9. Pool name or Wildcat <b>EUMONT YATES 7 RVRS QN (PRO GAS)</b>

**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 checked="" type="checkbox"/> OTHER
2. Name of Operator <b>EXXON CORPORATION</b>
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>
4. Well Location Unit Letter <b>F</b> : <b>1650</b> Feet From The <b>NORTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line Section <b>10</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3601 KB</b>

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: **ADD PERFS. & FRAC.**

**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.

**ADD YATES PERF. APPROX. 2752'-2929', FRAC. APPROX. 38000 GAL. + 140000 LBS. SD; PERF. 7 RVRS. APPROX. 3020'-3180', FRAC. APPROX. 41000 GAL. + 160000 # SD.**

**WELL WILL REMAIN IN THE EUMONT YATES 7 RVRS QN (PRO GAS) POOL.**

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 **10/28/94**  
TYPE OR PRINT NAME **Alex M. Correa** (915) 688-6782 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 03 1994

NOV 10 1992