

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesa, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P O. Box 2088 Santa Fe, New Mexico 87504-2088

NOV 23 1998

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|---|
| WELL API NO.<br><b>3002533777</b>   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>FEE</b>  |
| 7. Lease Name or Unit Agreement Name<br><b>A J ADKINS</b>   |
| 8. Well No.<br><b>11</b>  |
| 9. Pool name or Wildcat<br><b>OIL CENTER BLINEBRY</b>   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3589</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.)

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| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |
| 2. Name of Operator<br><b>EXXON CORPORATION</b>  |
| 3. Address of Operator<br><b>ATTN: REGULATORY AFFAIRS<br/>P. O. BOX 4358<br/>HOUSTON, TX 77210</b>   |
| 4. Well Location<br>Unit Letter <b>F</b> <b>1500</b> Feet From The <b>NORTH</b> Line and <b>2266</b> Feet From The <b>WEST</b> Line<br>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.)<br><b>3589</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: CONVERT INJECTOR TO PRODUCER

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.

CONVERT WELL FROM INJECTOR TO PRODUCER. NO WELL WORK IS PLANNED. WELL WILL BE BACK-FLOWED INTO FACILITIES THROUGH WELLHEAD MASTER VALVE.

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 11/02/98

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

(This space for State Use)

APPROVED BY WILLIAMS DISTRICT SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: