

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87401
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

JAN 27 2009

HOBBSOCD

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 7673 ✓
10. Pool name or Wildcat Oil Center; Blinbry ✓

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 _____

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

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 checked="" 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: Replaced Tubing/Injection Well <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.

12/31/08: R/U service unit; tie back, r/u tubing equipment; N/U BOP, R/U work floor; SDFN.
01/05/09: Pumped 80 bbls brine; POOH w/183 jts 2-3/8" cement lined tubing. RBIH w/killstring.
01/07/09: POOH w/cement line pipe; left killstring in hole.
01/08/09: Cont'd l/d cement lined tubing; RIH w/5696' of 2-3/8" DuoLine tubing.
01/09/09: RIH w/hydrotesting; Baker Model D perm pckr set @ 5700'; below packer 2-3/8" pup jt w/nickel plating I & E, 2-3/8"x1.43 R 316 stainless steel non-ported seat nipple seat nipple. N/D BOPE.
01/10/09: Ran MIT; good test; (chart submitted to NMOCD on 01/19/2000); unable to pull plug.
01/11/09: MIRU; POOH w/plug.

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 constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Roxanne Tack TITLE Sr. Staff Technical Asst. 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 Cory W. Hill TITLE DISTRICT 1 SUPERVISOR DATE JAN 27 2009
Conditions of Approval, if any: