

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. 3002504591
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name A J ADKINS COM
8. Well No. 1
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)

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 EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 10 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.** ☒

SUBSEQUENT REPORT OF:

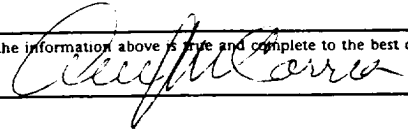
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

SET CIBP ABOVE QUEEN PERFS. AT 3325' W/ 35' CMT.
PERF 7 RVRS 3025'-3285', FRAC. W/ APPROX. 40000 GAL + 162000 # SD.
PERF YATES 2763'-2936', FRAC. W/ APPROX. 39000 GAL + 145000 # SD

THIS WELL IS PRESENTLY IN THE EUMONT YATES 7 RVRS QUEEN (PRO GAS) AND WILL REMAIN IN THIS POOL AFTER ADDING THESE PERFS AND BOTH 7 RVRS AND YATES WILL BE PRODUCED TOGETHER.

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

SIGNATURE  TITLE Sr. Regulatory Specialist DATE 02/18/94

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 22 1994

CONDITIONS OF APPROVAL, IF ANY: