

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>3002504591</b>
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 <b>A J ADKINS COM</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>EUMONT YATES 7 RVRS QN (PRO GAS)</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS <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>L</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>660</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.)	

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: ☐

### SUBSEQUENT REPORT OF:

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

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.

04/13/94 RIH SET CIBP @ 3325' DUMPED 35' OF CMT ON TOP OF PLUG  
04/14/94 PERF 3025 TO 3285 1 SPF  
04/15/94 SPOTTED 6.5 BBLS 15% NCFE HCL FROM 3025 TO 3285  
04/18/94 FRAC THE SEVEN RIVERS FORMATION W/ 162000# 12/20 SAND AND 11800 GALS FLUID  
04/20/94 PERF YATES FORMATION 2763 TO 2890 1 SPF  
04/21/94 FRAC W/ 101000 # 12/20 SAND AND 28900 GALS FLUID  
04/28/94 RETURN WELL TO PRODUCTION

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 05/17/94

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE ORIGINAL SIGNED BY JERRY TAYLOR  
DISTRICT I SUPERVISOR DATE 5/17/94

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**MAY 23 1994**

**HOBBBS  
OFFICE**