

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. 3002520700	
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 No. 8	
9. Pool name or Wildcat OIL CENTER BLINEBRY	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 K : 2310 Feet From The SOUTH Line and 2260 Feet From The WEST Line Section 10 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3596 RKB	

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: ☐

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.

**EXXON REQUESTS ADMINISTRATIVE APPROVAL TO FRAC THE EXISTING PERFS.
THE WELL WILL REMAIN IN THE SAME REFERENCED FIELD.
PROCEDURE IS AS FOLLOWS:**
1. CLEANOUT TO PBD (5929).
2. FRAC PERFS (5805-5927) W/160,000# 20/40 BRADY SAND.

"PLEASE EXPEDITE IF POSSIBLE"

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

SIGNATURE *A. M. Correa* TITLE SR. REGULATORY SPECIALIST DATE 09/17/93
TYPE OR PRINT NAME A. M. CORREA (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 21 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 20 1993

**JOHN HODGES
OFFICE**

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LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <u>EXXON CORPORATION</u>	8. Farm or Lease Name <u>A.J. ADKINS</u>
3. Address of Operator <u>Box 1600, MIDLAND, TEXAS 79702</u>	9. Well No. <u>8</u>
4. Location of Well UNIT LETTER <u>K</u> , <u>2260</u> FEET FROM THE <u>WEST</u> LINE AND <u>2310</u> FEET FROM THE <u>SOUTH</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat <u>OIL CENTER</u> <u>BLINERY</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3546 RDB</u>	12. County <u>LEA</u>

16. 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

1. PULLED RODS AND TUBING.
2. NO GYP FOUND.
3. CHANGE PUMP AND RETURN WELL TO PRODUCTION.

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

SIGNED A. F. Lowe TITLE SR ADMIN DATE 8-31-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE 9/4
CONDITIONS OF APPROVAL, IF ANY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator EXXON CORPORATION	8. Form or Lease Name A. J. ADKINS
3. Address of Operator P.O. Box 1600, MIDLAND, TEXAS 79702	9. Well No. 8
4. Location of Well UNIT LETTER K . 2260 FEET FROM THE WEST LINE AND 2310 FEET FROM THE SOUTH LINE, SECTION 10 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Whichever GLIMERY OIL CENTER
15. Elevation (Show whether DF, RT, GR, etc.) 3596 RDB	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

- PULL RODS AND TUBING.
- IF NO GYP SCALE IS FOUND ON PRODUCTION EQUIPMENT AND PRODUCTION EQUIPMENT WAS PULLED WITHOUT DIFFICULTY, REPAIR MECHANICAL FAILURE AND RETURN WELL TO PRODUCTION. IF GYP SCALE IS FOUND, TREAT FOR GYP AS FOLLOWS:
(A) RIH W/PRR TO 5930±. TREAT FOR GYP USING 6 DRUMS DYNOCHEM 976.
- SWAB TEST WELL. IF OIL PRODUCTION IS NOT SATISFACTORY, ACIDIZE W/2500 GAL INHIBITED 15% NEHCL.
- SWAB TO CLEAN PERFORATIONS.
- PLACE WELL ON PUMP.

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

SIGNED J. A. Lowe TITLE Sr. Admin DATE 11-10-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 16 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
NOV 15 1983
O.C.D.
HOBBS OFFICE