Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION INVESTIGATION

Revised 1-1-89

P.O. Box 1980, 11000s, NW 88240	P 0. Box 2088		3002526327	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		C. I. Janes Transport Lance		
		STATE FEE X 6. State Oil & Gas Lease No.	<u>-</u>	
1000 NO BIALOS NAS, YEARS, NAS OF TO		FEE		
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"		7. Lease Name or Unit Agreement Name		
(FORMC-101) FOR SUCH PROPOSAL	.S.)	A J ADKINS COM		
1. Type of Well: OIL GAS X OTHER				
2. Name of Operator		8. Well No.		
EXXON CORPORATION  3. Address of Operator ATTN: REGULATORY AFFAIR	S ML#14	9. Pool name or Wildcat		
3. Address of Operator P. O. BOX 1600 MIDLAND, TX 79702		EUMONT YATES 7 RVRS QN (PRO GAS	S)	
4. Well Location				
Unit Letter_F : 1650 Feet From The NORTH Li	ne and 1650 Feet	From The WEST	Line	
Section 10 Township 215%		IPM LEA Cou	ınty	
10. Elevation (Shot) 3601 KE	w whether DF, RKB, RT, GR, etc.)			
Check Appropriate Box to Ind	icate Nature of Notice,	Report, or Other Data		
NOTICE OF INTENTION TO:		BSEQUENT REPORT OF:		
	REMEDIAL WOR	K ALTERING CASIN	1G 🗌	
	COMMENCE DR	☐ PLUG &		
TEMPORARILY ABANDON L CHANGE PLANS				
PULL OR ALTER CASING	I	ND CEMENT JOB	X	
OTHER:	_ L OTHER:FRAC	EXISTING PERFS		
12. Describe Proposed or Completed Operations (Clearly state all pertinent a work) SEE RULE 1103.	letails, and give pertinent dates, inclu	ding estimated date of starting any proposed		
11/15/95 MIRU	THE THE			
11/16/95 RIH W/ CIBP SET @ 307 11/17/95 FRAC 3020'TO 3044' W/1	70'   18300# 12/20 SANI	AND 7100 GALS FLUID		
	9/2			
RETURN WELL TO PRODUC	,			
to its				
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		(		
I hereby certify that the information above is true and complete to the best of my known	owledge and belief.			
SIGNATUR SHARON & Similin	TITLE Sr.Staff Office	e Assistant DATE 11/30/9	<u>)5</u>	
TYPE OR PRINT NAME Sharon B. Timlin	(	915) 688-6166 TELEPHONE NO.		
(This space for State Use)				
		nor ki	li soci	
APPROVED BY	N TITLE	DATE DEC 64	153	