

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240  
**DISTRICT II**  
811 South First, Artesia NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**DISTRICT IV**  
2040 South Pacheco, Santa Fe, NM 87505

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-025-33777**

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
**FEE**

7. Lease Name or Unit Agreement Name  
**A J Adkins**

8. Well No.  
**11**

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"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:  
Oil Well ☐ Gas Well ☐ Other ☐ **INJECTION**

2. Name of Operator  
**Exxon 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** NMPH **Lea** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3589**

**11. 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 ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

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

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

**11/10/99 DATE OF MIT**

**11/10/99 TEST PRESSURE 520**

**11/10/99 TUBING CASING SURFACE CASING**

**INITIAL 900 520 0**

**15 MIN. 900 520 0**

**30 MIN. 900 520 0**

**11/10/99 PACKER SETTING DEPTH 5752'**

**THIS IS A CORRECTED COPY TO SHOW PACKER SETTING DEPTH SHOULD BE 5752' AS PER WORKOVER REPORT.**

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

SIGNATURE Mary E. Dow TITLE **Senior Staff Office Assistant** DATE **12/29/1999**

TYPE OR PRINT NAME **Mary E. Dow** TELEPHONE NO. **(713) 431-1232**

(This space for State Use)  
ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

