

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: **INJECTION** ☒

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)

11/03/1999 MIRU RIH W/ BAR AND SANDLINE W/DEPTHOMETER AND TAGGED AT 6050. PU BLADE BIT AND 3 1/2 TBG RIH AND TAGGED AT 6052'. PU ABOVE PERFS.

11/04/1999 FINISH PULLING OUT OF HOLE WITH BLADE BIT, PU AND RIH WITH PKR AND 3 1/2 " TBG., SET PKR AT 5638. NU FRAC VALVE, LOAD AND PRESS TEST CSG TO 500 PSI, OK.

11/05/1999 RU HES, FRAC WELL AS PER PROCEDURE, MAX PRESS 2700, AVERAGE TREATING PRESS 2400 @ BPM, ISIP 1864, 5 MIN SIP 1650, 15 MIN SIP 1285.

11/06/1999 . TBG PRESS 450 PSI, BLEED WELL DOWN PUMP 40 BBLS OF WATER DOWN TBG TO KILL WELL. TBG. PRESS 400 PSI PUMP WATER DOWN CSG TO KILL WELL, FINISH PULLING OUT OF HOLE WITH BIT, PU AND RIH WITH BAILER AND TBG. TAG SAND @ 5955' CLEAN OUT TO 6152' PUH ABOVE PERFS.

11/08/99 POH LD 3 1/2 TBG PU LOK-SET PKR W/ON/OFF TOOL AND 184 JTS 2 3/8 CL TBG ICO REP ON LOCATION. SET PKR @ 5752'

11/09/99 KILL TBG W/30 BW. GOT OFF PKR. CIRC'D 105 BBL 10#/GAL PKR FLUID.

11/10/99 RAN MIT TEST GOOD CHART WAS SUBMITTED TO NMOC D 11/24/99.

11/16/99 FRW Successful

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

SIGNATURE Mary L. Dow TITLE Senior Staff Office Assistant DATE 12/29/1999
TYPE OR PRINT NAME Mary L. Dow TELEPHONE NO. (713) 431-1232

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

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
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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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE

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1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> INJECTION	7. Lease Name or Unit Agreement Name A J Adkins
2. Name of Operator Exxon Corp.	8. Well No. 11
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	9. Pool name or Wildcat Oil Center; Blinbry
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	

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TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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