Submit 3 Copies to Appropriata District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

DISTRICT I		-		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240	in. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION		WELL API NO. 30-025-33777		
DISTRICT II 811 South First, Artesia NM 88210	P.O. Box 2088				
DISTRICT III	Santa Fe, New Mexico 875	504-2088	5. Indicate Type of L	ease	
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV				STATE FEE	
2040 South Pacheco, Sante Fe, NM 87505			6. State Oil & Gas Lo	ease No. FEE	
SUNDRY N	IOTICES AND REPORTS ON WEI	LLS			
(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 Ur	nit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS)			A J Adkins		
1. Type of Well:	_ INJECT	ION			
Oil Well	Gas Well Other	1011			
2. Name of Operator	Well - Oulci		8. Well No.		
Exxon Corp.			11		
3. Address of Operator P.O. Box 4358			9. Pool name or Wild	lcat	
Houston)-4358	Oil Center;Blineb		
4. Well Location	500 NODTH	2266	XX TEX CI	an.	
Unit Letter : 1	Feet From The NORTH	Line and	_ Feet From The WES	Line	
Section 10	<u> </u>		NMPH	Lea County	
	10. Elevation (Show whether L 3589	OR, RKB, RT, GR, etc.)			
	330)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				LTERING CASING	
г				<u></u>	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS. PLUG & ABANDONMENT			
PULL OR ALTER CASING	☐ MULTIPLE ☐ COMPLETION	CASING TEST AND C	EMENT JOB □		
OTHER:		OTHER: INJECTIO	N		
12. Describe proposed or completed	operations. (Clearly state all pertinent de	etails, and give pertinent d	ates, including estima	ited date of starting any proposed	
work) SEE RIII F 1103 (For Multiple Completions: Attach wellhore 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 NMOCD 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				12/29/1999	
TYPE OR PRINT NAME Mary L. Dow			TELEPHONE	NO. (713) 431-1232	
(This appear for State Use)					

_____TITLE _____

APPROVED BY___

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III

OIL CONSERVATION DIVISION

Revised March 25, 1999 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. 9. Pool name or Wildcat Oil Center:Blinebry Feet From The WEST Line Lea **NMPH** County

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505 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: **INJECTION** well 🗆 Well Other 2. Name of Operator Exxon Corp. 3. Address of Operator P.O. Box 4358 Houston TX 77210-4358 4. Well Location Feet From The NORTH F 1500 2266 Line and Unit Letter Section 10 Township 21S Range 36E 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: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK \square PLUG AND ABANDON \square ☐ ALTERING CASING П REMEDIAL WORK PLUG & ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. П CASING TEST AND CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPLETION OTHER: _INJECTION \boxtimes 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. (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 NMOCD 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 SIGNATURE	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:

