Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

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, Sante 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**

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)

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

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

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;Blinebry**

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG & ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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 5775'

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 **11/24/1999**

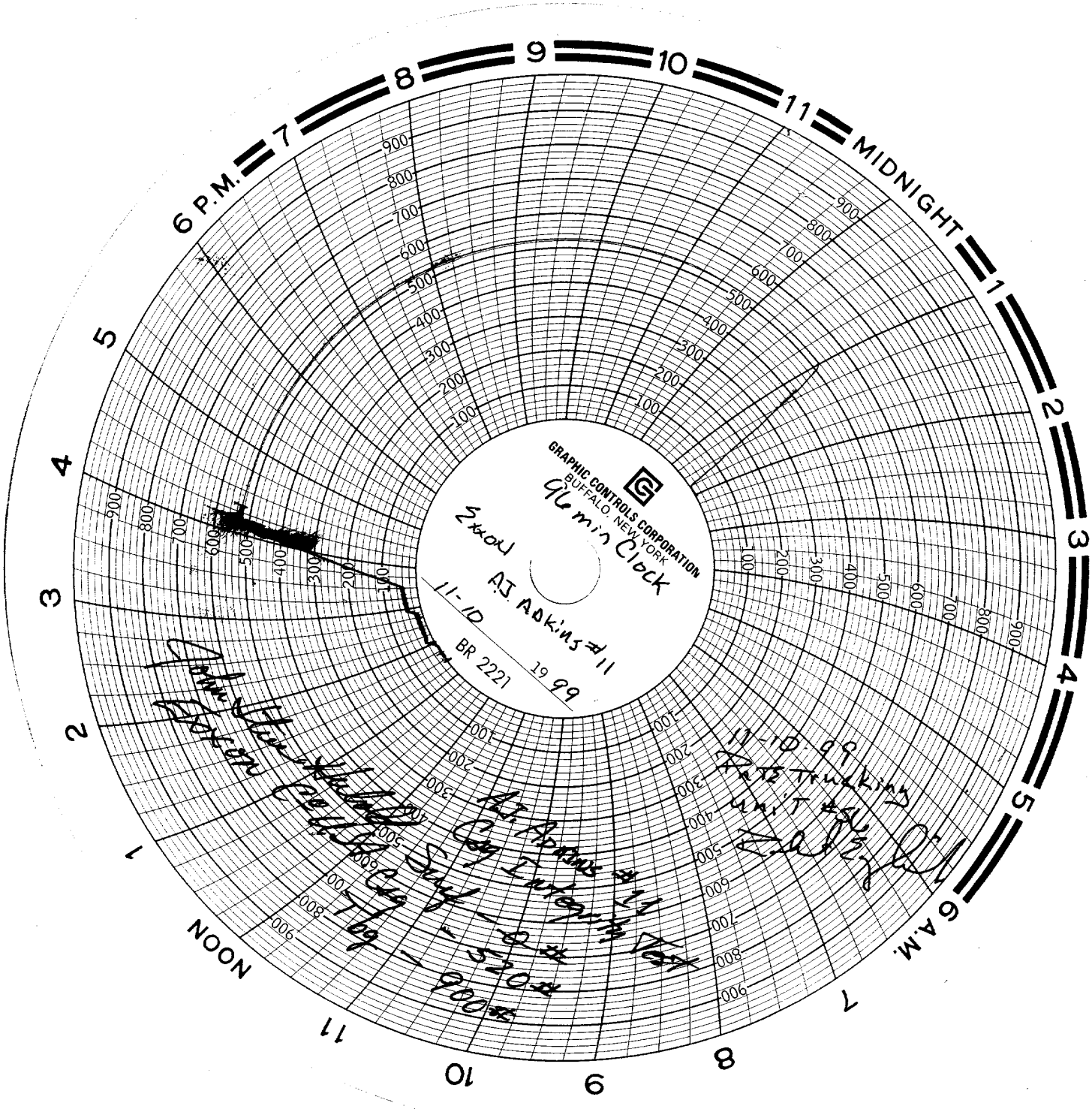
TYPE OR PRINT NAME **Mary L. Dow** TELEPHONE NO. **(713) 431-1232**

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE DATE DEC - 3 1999

CONDITIONS OF APPROVAL IF ANY:

JCS✓


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
6 P.M.
MIDNIGHT
6 A.M.
NOON
24 Hour
AJ Adkins #11
11-10
BR 2221
1999