

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO. 3002533777	
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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	
From The	WEST _____
PM	LEA _____
	County

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"
(FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/>		XOTHER INJECTION WELL	
2. Name of Operator EXXON CORPORATION		8. Well No. 11	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210		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 NMPM LEA County			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3589	

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 ☐
OTHER: COMPLETE WELL AS AN INJECTOR ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG & ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER: _____			<input type="checkbox"/>

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.

THE WORK DESCRIBED ON THE ATTACHED SUNDRY, APPROVED 11/17/98, WAS NEVER DONE. THE WELL WILL NOW HAVE THE WORK DESCRIBED BELOW TO UTILIZE THE WELL AS AN INJECTOR.

PUMP 4000 GALLONS OF 15% HCL. PUT WELL ON INJECTION.

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

SIGNATURE L.R. Ward TITLE Sr. Regulatory Specialist DATE 12/11/98

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY JOHN C. WILLIAMS TITLE _____ DATE 10/2/78

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I
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P O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 23 1998

WELL API NO. 3002533777
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name A J ADKINS
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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" (FORMC-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210	
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 NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3589	

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 ☐
OTHER: CONVERT INJECTOR TO PRODUCER ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

CONVERT WELL FROM INJECTOR TO PRODUCER. NO WELL WORK IS PLANNED. WELL WILL BE BACK-FLOWED INTO FACILITIES THROUGH WELLHEAD MASTER VALVE.

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

SIGNATURE [Signature] TITLE Sr. Regulatory Specialist DATE 11/02/98
TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY: