Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-39

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 3002533777
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87	5 Indicate Type of Lease
DISTRICT III	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT.	
(FORMC-101) FOR SUCH PROPOSALS.)	A J ADKINS
I. Type of Well: OIL GAS WELL XOTHER INJECTION	WELL
2. Name of Operator EXXON CORPORATION	8. Well No. 11
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14	9. Pool name or Wildcat
MÎDLÂND, TX 79702	OIL CENTER BLINEBRY
	2266 Feet From The
Section 10 Township 21S Range 366	
10. Elevation (Show whether DF, 3589	
Check Appropriate Box to Indicate Nati	ure of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON F	REMEDIAL WORK ALTERING CASING
	☐ PLUG & ☐
I	ASING TEST AND CEMENT JOB L
OTHER: L C	THER: CASING TEST PRIOR TO INJECTION X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103. 	pertinent dates, including estimated date of starting any proposed
, 552 11052 1101	
2/20/98 A MECHANICAL INTEGRITY TES Prior to injection (origin	ST WAS PERFORMED ON SUBJECT WELL
PRIOR TO INDECTION (ORIGIN	IAL CHAR! IS ATTACHED).
I hereby certify that the information above is true/and complete to the best of my knowledge and belief.	
SIGNATURE TRUE MELLIAUGH TITLE S	r Staff Office Assistant DATE 02/24/98
TYPE OR PRINT NAME Karen Yarbrough	(713) 431-1022 TELEPHONE NO.
(This space for State Use)	responsible to the second
ORIGINAL SIGNED BY APPROVED BY GARY WINK TITLE	रिल्ला है <u>। जिल्ल</u> ी
FIELD REP. II	DATE
CONDITIONS OF APPROVAL, IF ANY:	

