

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

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|---|--|
| 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 | |

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| 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR | |
| 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.) 3591 | |

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: **SPUD** ☒

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.

- PLAN TO SPUD 12/09/97. PROPOSED TD 6600'.
- SET 8 5/8" CSG. (12 1/4" HOLE), WEIGHT/FT. 24 & 32 K55, @1350' W/640 SKS. CMT., EST. TOC = SURF.
- SET 5 1/2" CSG. (7 7/8" HOLE), WEIGHT/FT. 15.5 & 17 K55, @ 6400 W/1000 SKS. CMT., EST. TOC = SURF.
- BOP WILL BE DOUBLE RAM RATED FOT 3000 PSI WORKING PRESSURE

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 12/05/97

TYPE OR PRINT NAME Alex M. Correa (713) 431-1012 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK

APPROVED BY FIELD REP. II TITLE DATE 12/05/97

CONDITIONS OF APPROVAL, IF ANY: