

**OPERATOR'S COPY**  
 UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

FORM APPROVED **Permits**  
 OMB No. 1004-0135  
 Expires January 31, 2004

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

5. Lease Serial No. **JUN 22 2004**  
**NM-01119**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
**Avalon (Delaware) Unit 549**

9. API Well No.  
**30-015-24378**

10. Field and Pool, or Exploratory Area  
**Avalon; Delaware 3715**

11. County or Parish, State  
**Eddy NM**

**SUBMIT IN TRIPLICATE - Other Instructions on reverse side**  
**RECEIVED**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**Exxon Mobil Corporation**    **JUN 25 2004**  
**OCB-ARTESIA**

3a. Address **P.O. Box 4358**    3b. Phone No. (include area code)  
**Houston TX 77210-4358**    **(713) 431-1792**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**660' FSL & 660' FEL sec 31, T 20S, R 28E (SESE)**

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	_____
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	_____

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**An extension of TA approval is requested. The well still has potential as either a producer or water source well. Attached is test dated 3/31/2004.**

**TA APPROVED FOR 12 MONTH PERIOD**  
**ENDING 3/31/05**

14. I hereby certify that the foregoing is true and correct  
 Name (Printed/Typed) **Dolores O. Howard**    Title **Sr. Regulatory Specialist**  
 Signature *D. O. Howard*    Date **04/19/2004**

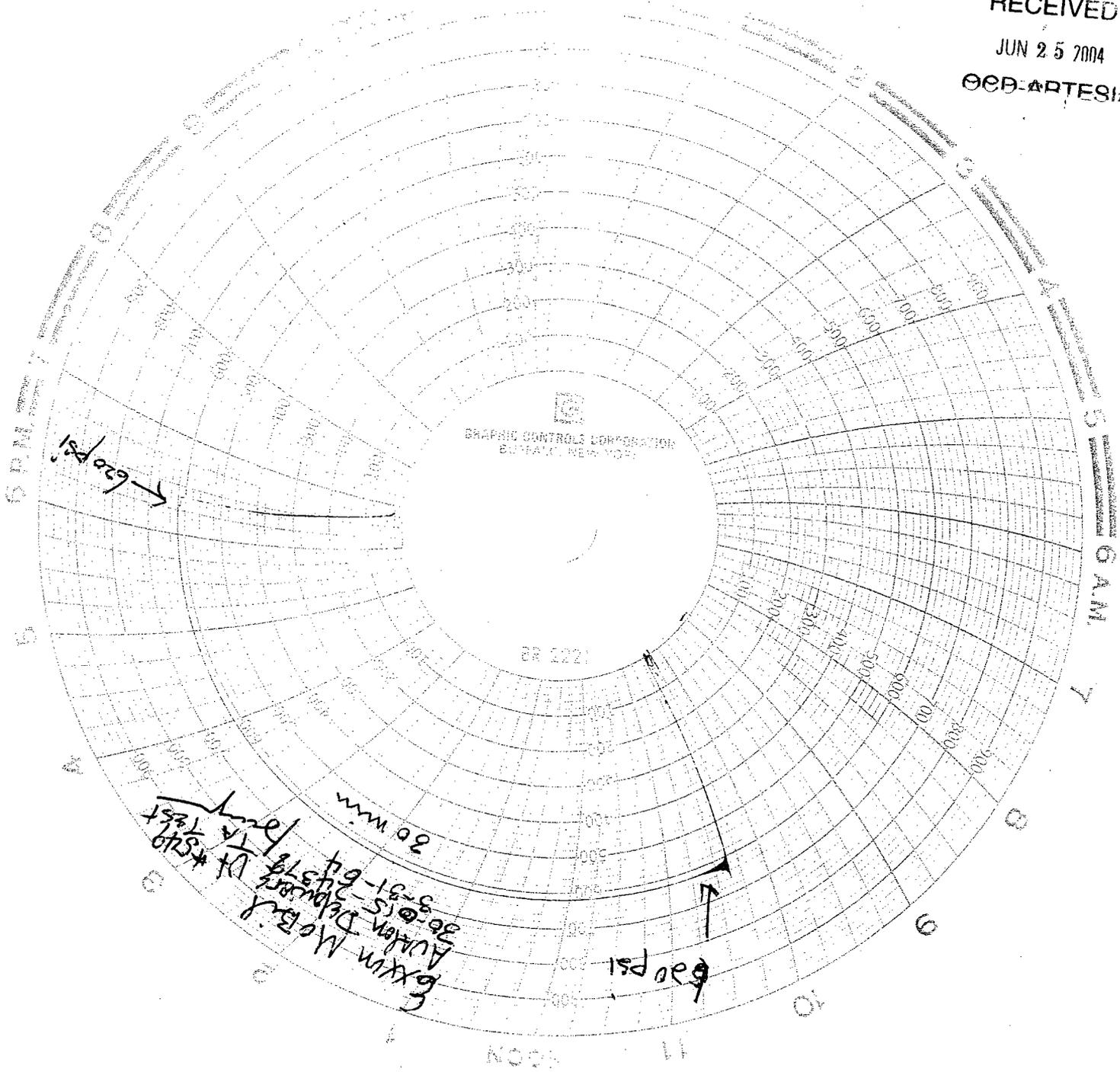
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by *[Signature]*    Title **Petroleum Engineer**    Date **JUN 17 2004**  
 Office **CARLSBAD FIELD OFFICE**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED  
JUN 25 2004  
OCD-ARTESIA



U.S. West  
Injection / Disposal Test Results  
Russell / Seminole / New Mexico Areas

RECEIVED

JUN 25 2004

(please print clearly)

1. Lease Name & Well Number: ADU Well # 549
2. Date & Time Of Test: 3-31-04
3. A. Was Test Witnessed by Agency Official: Yes (Circle all below that pertain) or No
- B. If Yes Test Witnessed by: T.R.R.C. N.M.O.C.D. & / OR B.L.M
- C. If Yes, Name of Rep(s): Henry Huger

OCD-ARTESIA

4. Test Pressure (psig): \_\_\_\_\_

Permits

APR 19 2004

Time	Tubing	Production Casing	Intermediate Casing	Surface Casing
Initial				
15 Minutes				
30 Minutes		✓		

5. A. Packer Type: \_\_\_\_\_
- B. Packer Setting Depth: \_\_\_\_\_

6. Has Injection Interval Changed AFTER Workover: (please circle one) Yes No
- From: \_\_\_\_\_
- To: \_\_\_\_\_

7. Reason For Test: (please circle on letter)
- A. After Workover
- B. First Test Prior to Injection (ie., conversion, drillwell)
- C. Annual Permit Requires
- D. 5 Year Test Required
- E. Other: \_\_\_\_\_

8. Well Status: Active Shut-In T/A'd (please circle one)

9. Comments: \_\_\_\_\_

10. Name of Person(s) Conducting Test: Steve Joe Hale (please print name)

(signature of person(s) conducting test)