

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-01119
2. NAME OF OPERATOR Exxon Corporation AHN: MPO Rev Oil	6. IF INDIAN, ALLOTTEE, OR COMMISSION NM OIL CONS COMMISSION Drawer DD NM 88210
3. ADDRESS OF OPERATOR P.O. 4721 Houston, Texas 77001 (713) 680-7985	7. UNITED STATES NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL + 660' FEL, Sec 31, T20S- R28 E	8. FARM OR LEASE NAME Yates C Federal #12
	9. WELL NO. 3001524373
	10. FIELD AND POOL, OR WILDCAT Avalon Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Renew TA status		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Request Renewal of TA Status for Subject well.
Justification: Well is included in Avalon Unitization and Secondary Recovery project. Unitization is expected to be completed by the 4th quarter of 1995.

RECEIVED

JUL 12 1995

OIL COR. UNIT.

TA APPROVED FOR 12 MONTH PERIOD
ENDING 6/8/96

APPROVED

JUN 5 10 20 AM '95

RECEIVED

18. I hereby certify that the foregoing is true and correct	SIGNED Lora J. Barrett	TITLE Accounting Asst.	DATE June 2, 95
(This space for use by the Bureau of Land Management)	(ORIG. SCD.) JOE G. LARA	TITLE PETROLEUM ENGINEER	DATE 7/10/95
APPROVED BY _____ TITLE _____ DATE _____			
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side