

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division  
811 S. 1st Street  
Artesia, NM 88201

2834 FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS 1997 JUL -7 P

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
**EXXON CORPORATION ATTN: REGULATORY AFFAIRS**

3. Address and Telephone No.  
**P. O. BOX 1600 MIDLAND, TX 79702 (915) 688-6782**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**2310' FSL & 2310' FEL, SEC 31, T20S, R28E**

5. Lease Designation and Serial No.  
**NM-01119**

6. Indian, Allottee or Tribe Name  
**P. 47**

7. Unit or CA, Agreement Designation  
**NMM94450X**

8. Well Name and No.  
**AVALON (DELAWARE) UNIT 536**

9. API Well No.  
**3001524525**

10. Field and Pool, or Exploratory Area  
**AVALON DELAWARE 3715**

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

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other

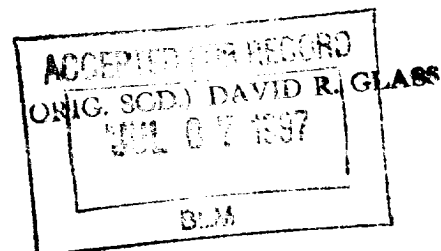
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection

RETURN TO PRODUCTION

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

**WELL WAS TA FOR MORE THAN 90 DAYS. RETURNED TO PRODUCTION 07/02/97.**



14. I hereby certify that the foregoing is true and correct

Signed

*Alex M. Correa*

Title

**Alex M. Correa  
Sr. Regulatory Specialist**

Date

**07/03/97**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: