

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

WELL API NO. 3001524623
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-2726-1
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 246
9. Pool name or Wildcat AVALON DELAWARE 3715

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 <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> X OTHER SWD WELL	
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 J : 1650 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 30 Township 20S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3268' GR	

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: **DIG WORKOVER PIT** ☒

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.

THIS WELL IS BEING CONVERTED FROM SWD TO PRODUCTION. A WORKOVER PIT WILL BE NECESSARY.

APPROVAL IS REQUESTED FOR A WORKOVER PIT FOR THE ADU 246 WELL. THE PIT WILL BE 12' WIDE, 15' LONG AND 6' DEEP. A PLASTIC LINER WILL BE USED TO LINE THE PIT. THE PIT WILL BE COVERED WITHIN 5 DAYS OF CEASING OPERATIONS. THE PIT AREA WILL BE FENCED.

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

SIGNATURE *J. R. Ward* TITLE **Sr. Regulatory Specialist** DATE **04/29/99**

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY *Jim W. Gurn* *B6X* TITLE *District Supervisor* DATE **5-3-99**

CONDITIONS OF APPROVAL, IF ANY: