

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.  
**3001524794**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**NM 01119**

7. Lease Name or Unit Agreement Name  
**AVALON (DELAWARE) UNIT**

8. Well No.  
**401**

9. Pool name or Wildcat  
**AVALON DELAWARE 3715**

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**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 ☒ GAS ☐ OTHER ☐

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 **A** : **330** Feet From The **NORTH** Line and **3304** Feet From The **EAST** Line  
Section **36** Township **20S** Range **27E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.

**APPROVAL IS REQUESTED FOR A WORKOVER PIT FOR THE ADU 401 WELL. THE WORKOVER WAS APPROVED ON 10/9/98.**

**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 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 **06/02/99**

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

(This space for State Use)

APPROVED BY *Jim W. Green* TITLE *District Supervisor* DATE **6-8-99**

CONDITIONS OF APPROVAL, IF ANY: