

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
DISTRICT II  
811 South First, Artesia NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
2040 South Pacheco, Sante Fe, NM 87505

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-015-24748</b>
5. Indicate Type of Lease STANDARD <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>L-4861</b>
7. Lease Name or Unit Agreement Name <b>Avalon (Delaware) Unit</b>
8. Well No. <b>464</b>
9. Pool name or Wildcat <b>Avalon; Delaware 3715</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Well <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>Exxon Mobil Corporation</b>	
3. Address of Operator <b>P.O. Box 4358</b> <b>Houston TX 77210-4358</b>	
4. Well Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>36</b> Township <b>20S</b> Range <b>27E</b> NMPH <b>Eddy</b> County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3227' GR</b>	

11. 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 ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **TA EXT.** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

**EXXONMOBIL RESPECTFULLY REQUESTS A FIVE YEAR EXTENSION FOR THE ABOVE REFERENCED WELL.**  
**ATTACHED PLEASE FIND MIT CHART FOR THIS WELL.**

Temporary Abandoned Status approved  
until **4-4-08**

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

SIGNATURE *Evelyn V. Boutte* TITLE **Staff Office Assistant** DATE **09/24/2003**  
TYPE OR PRINT NAME **Evelyn V. Boutte** TELEPHONE NO. **(281) 654-1921**

(This space for State Use)

APPROVED BY *[Signature]* TITLE *Field Rep* DATE **SEP 25 2003**

CONDITIONS OF APPROVAL IF ANY:

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

APR 14 2003

(please print clearly)

1. Lease Name & Well Number: Avalon Delaware Unit #464
2. Date & Time Of Test: 4-4-03
3. A. Was Test Witnessed by Agency Official: Yes or No  
(Circle all below that pertain)  
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): Gerry Guye

4. Test Pressure (psig): 610# START 600# finish.

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: Yes No  
(please circle one)  
From: \_\_\_\_\_  
To: \_\_\_\_\_

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

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

9. Comments: start time 11:55 AM at 610# finish at 12:25 PM at 600#

10. Name of Person(s) Conducting Test: John A. Castilla Gonzalez  
(please print name)  
John A. Castilla Gonzalez  
(signature of person(s) conducting test)

Attach **ORIGINAL PRESSURE RECORDING CHART** (with ExxonMobil's representatives signature) to this form. Please, send by regular mail, Fed Ex, or Airborne within one (1) week after test is completed to:

**MARY DOW**  
Permitting Group, ExxonMobil Production U.S. West  
P.O. Box 4358  
Houston, Texas 77210-4358  
or  
ExxonMobil Production U.S. West  
396 West Greens Road  
Room #311  
Houston, Texas 77067  
Phone 713-431-1797 or Fax 713-431-1600

