

OCD-ARTESIA

Form 3160-5
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEP - 2 2009

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.5. Lease Serial No.
NM- 01119

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well☐ Gas Well☒ Other

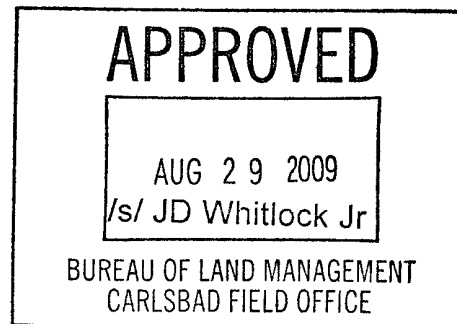
WSW

8. Well Name and No.
AVALON (DELAWARE) UNIT 5622. Name of Operator
EXXON MOBIL OIL CORPORATION9. API Well No.
30-015-243773a. Address
P.O. Box 4358, CORP-MI-0203, HOUSTON, TX 77210-43583b. Phone No. (include area code)
281-654-192610. Field and Pool or Exploratory Area
AVALON; DELAWARE 37154. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FSL 1980' FEL SECTION 31 T20S R28E11. Country or Parish, State
EDDY, NM**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

This is a water source well. See attachment for work to repair casing leak.



After work is done Submit Subsequent Report THAT well is BACK ON

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

Name (Printed/Typed)
Mark Del Pico

Title Staff Regulatory Specialist

Signature

M. Del Pico

Date 08/03/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Instructions on page 2)

Avalon Unit 562

API #: 30-015-24377, Avalon Unit, Eddy County, New Mexico.

Repair/Replace Production Casing Leak.

1. MIRU WSU
2. Pull pump and rods out of hole
3. Nipple down wellhead, nipple up BOP and test. POOH with tubing.
4. RIH with RBP and set @ +/- 300ft, test leak. Test casing and isolate all casing leaks.
5. ND BOP ND surface WH and backoff damaged casing joint. POOH.
6. RBIH with new casing joint stab and makeup. Set casing in tension, NU surface wellhead.
7. NU BOP, POOH with retrievable bridge plugs.
8. RIH with bit and tag for fill. POOH with bit, acidize as needed.
9. RIH with production tubing and bottom hole assembly.
10. ND BOP NU wellhead.
11. RIH with pump and rods.
12. Rig down and move out well service unit. RWTP

*** Top of perforation @ 3955ft and bottom of perf @ 4793ft ***

ftKB (MD)

Schematic - Actual

Schematic - Proposed

-32
-21
-6
-2
0
0
4
5
9
12
18
25
28
30
40
124
600
1,400
2,380
2,404
2,405
2,411
2,443
2,444
2,464
2,506
2,515
3,600
3,833
3,838
3,920
4,625
4,637
4,643
4,647
4,649
4,650
4,660
4,666
4,669
4,678
4,691
4,692
4,696
4,697
4,698
4,703
4,709
4,729
4,729
4,731
4,734
4,735
4,792
4,914
4,990
5,000
5,345

