

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2884

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

SUNDRY NOTICES AND REPORTS ON WELLS

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 **WATER SOURCE WELL**

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)  
**660' FSL & 1980' FEL, SEC. 31, T20S, R28E**

5. Lease Designation and Serial No.

**NM-01119**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**NMM94450X**

8. Well Name and No.  
**AVALON (DELAWARE) UNIT 562**

9. API Well No.  
**3001524377**

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	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

**INSTALL WORKOVER PIT**  
(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 IS AN INJECTOR) INSTALL TEMP. (APPROX. 5 DAYS) WORKOVER PIT TO HOLD WATER DURING WO (CONVERTING FROM INJECTOR TO WATER SOURCE WELL, APPROVED BY SUNDRY NOTICE DATED 7/22/96). APPROX. DIMENSIONS ARE 8' WIDE X 20' LONG X 5' DEEP. PIT WILL BE ON EXISTING PAD AND WILL BE LINED. WATER WILL BE TRUCKED OR PIPED BY EXISTING LINE TO CENTRAL BATTERY.

RECEIVED  
1997 JUL - 1 P 3:34  
BUREAU OF LAND MGMT.  
ROSWELL OFFICE

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

Signed

*Alex M. Correa*

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

Date **06/30/97**

(This space for Federal or State office use)

Approved by **(ORIG. SGD.) DAVID R. GLASS**

Title **PETROLEUM ENGINEER**

Date **JUL 03 1997**

Conditions of approval, if any: