

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
J11 E. 1st  
1010-2894  
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

2. Name of Operator  
**EXXON CORPORATION ATTN: REGULATORY AFFAIRS**

3. Address and Telephone No.  
**P O BOX 4358 HOUSTON, TX 77210 (713) 431-1024**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**660' FSL & 660' FEL SEC 31, T20S, R28E (SESE)**

5. Designation and Serial No.  
**NM-01119**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**NNM194450X**

8. Well Name and No.  
**AVALON (DELAWARE) UNIT 549**

9. API Well No.  
**3001524378**

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

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection

REQUEST TA STATUS

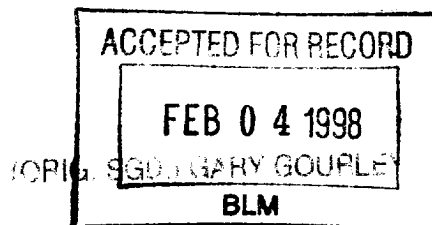
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

(PREVIOUSLY, THIS WELL WAS THE YATES C FEDERAL #14)

TA STATUS IS REQUESTED WITH TESTING REQUIREMENTS WAIVED. THIS WELL WAS PRODUCING THROUGH 8/97 AND PROCEDURES ARE BEING WRITTEN TO RETURN THIS WELL TO PRODUCTION.

A 2/1/96 CASING INTEGRITY TEST CHART IS ATTACHED.



APPROVED FOR 12 MONTH PERIOD  
ENDING 2-4-99

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

Signed J.R. Ward

J. R. Ward  
Sr. Regulatory Specialist

Date 01/21/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any:

