

CLSF
Op

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. 3001528660
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-6854-2
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 254
9. Pool name or Wildcat AVALON DELAWARE 3715

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator EXXON CORPORATION
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702
4. Well Location Unit Letter N : 1152 Feet From The SOUTH Line and 1489 Feet From The WEST Line Section 30 Township 20S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3291 GR

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: ☐

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.

(WELL WAS PREVIOUSLY # 1612 AND IS NOW # 254)
CHANGE 4 1/2" PROD. STRING TO INCLUDE 2 JOINTS OF 4 1/2 " STEEL PIPE,
WEIGHT 11.6#/K-55 TO THE BOTTOM OF THE FIBERGLASS PROD. STRING. THIS
CHANGE WILL PROVIDE AN ACCEPTABLE SEAT FOR A TUBING ANCHOR TO BE SET IF
THE WELL IS PRODUCED BEFORE BEING USED FOR INJECTION. ALSO, THE WEIGHT
OF THE FIBERGLASS LINER WILL BE 5.41#. EXCEPT FOR THESE CHANGES,
PREVIOUSLY APPROVED CSG. PLAN WILL REAMIN THE SAME.

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 02/29/96

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 11 1996

CONDITIONS OF APPROVAL, IF ANY: