

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.  
**3001528661**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**K 6854-2**

7. Lease Name or Unit Agreement Name  
**AVALON (DELAWARE) UNIT**

8. Well No.  
**253**

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 ☒ GAS WELL ☐ OTHER

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** : **1046** Feet From The **SOUTH** Line and **2677** Feet From The **WEST** Line  
Section **30** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3267 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 # 1614 AND IS NOW #253)  
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 REMAIN THE SAME.

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 02/28/96

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 \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**MAR 11 1996**