

DISTRICT I 1625 N. French Dr., Hobbs, NM 88240
DISTRICT II 811 South First, Artesia NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-24770
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. K-6261
7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit
8. Well No. 364
9. Pool name or Wildcat Avalon; Delaware 3715
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil [] Gas Well [] Other Water Source
2. Name of Operator Exxon Mobil Corporation
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358
4. Well Location Unit Letter P : 660 Feet From The South Line and 330 Feet From The East Line Section 25 Township 20S Range 27E NMPH Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. 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 [] MULTIPLE COMPLETION [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG & ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: CONVERTED TO WATER SOURCE WELL []

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)
1/22/01 MIRU: Killed well & install BOP - POOH w/ Packer
1/26/01 Cmt Sqz Cherry Canyon Perfs (2710-2740) w/137 sx CLC cmt
1/29/01 Pressure Test Sqz to 1000#
2/1/01 Perf Lower Brushy Canyon (4485-4626) 2 SPF
2/2/01 Frac'ed w/65,000 gals HES & 102,000 lbs 20/40 sand
2/3/01 Open well & flowed back
7/2/01 Run in hole w/ equipment
7/11/01 Put on Line as a Water Source Well

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Carol Cross TITLE Regulatory Specialist DATE 09/20/2001
TYPE OR PRINT NAME Carol Cross TELEPHONE NO. (713) 431-1211

(This space for State Use)
APPROVED BY TITLE
CONDITIONS OF APPROVAL IF ANY:
Exhibit No. A
ExxonMobil Corp.
NMOCD Case No. 12733
Hearing Date: October 4, 2001