

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-24048
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-01119
7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit
8. Well Number 546
9. OGRID Number
10. Pool name or Wildcat Avalon; Delaware 3715

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Disposal well <input type="checkbox"/>	
2. Name of Operator Exxon Mobil Corporation	
3. Address of Operator P.O. Box 4358, Houston, TX 77210-4358	
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>31</u> Township <u>20S</u> Range <u>28E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Mechanical Integrity Test <input checked="" type="checkbox"/>

13. 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.

5 year test required by state rule. Test was not witnessed by NMOCD. Results are attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Tiffany Stebbins TITLE Staff Office Assistant DATE 01/16/06

Type or print name  
For State Use Only

E-mail address:

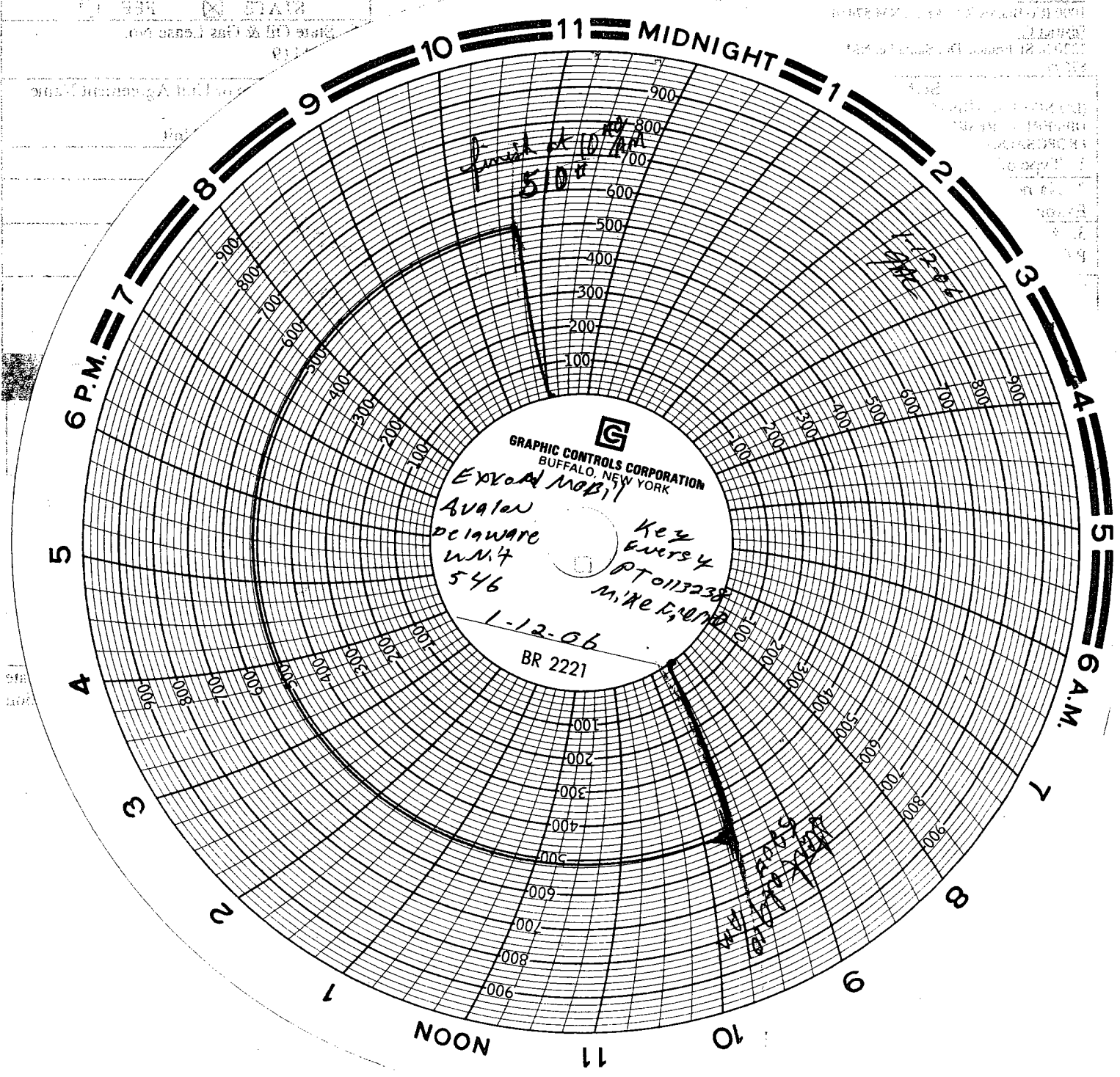
Telephone No.

APPROVED BY: Gerry Guye TITLE Gerry Guye DATE 1-26-06  
Conditions of Approval (if any): Compliance Officer

WILLIAMS  
 10-01-1-1000  
 2. Indicate Type of Loss  
☐ LOSS ☒ STATE  
 State of N. Carolina  
 Date of Loss 1-12-06

State of New Mexico  
 Mining, Lumber, and Aerial Resources  
 DIVISION OF CONSERVATION

1. Indicate Name of Person or Firm  
 2. Indicate Address  
 3. Indicate City  
 4. Indicate State  
 5. Indicate Date of Loss  
 6. Indicate Type of Loss  
 7. Indicate Amount of Loss  
 8. Indicate Cause of Loss  
 9. Indicate Name of Person or Firm  
 10. Indicate Address  
 11. Indicate City  
 12. Indicate State  
 13. Indicate Date of Loss  
 14. Indicate Type of Loss  
 15. Indicate Amount of Loss  
 16. Indicate Cause of Loss



DATE 1-12-06  
 NAME Mike E. 1070  
 ADDRESS  
 CITY  
 STATE  
 DATE OF LOSS  
 TYPE OF LOSS  
 AMOUNT OF LOSS  
 CAUSE OF LOSS

1-12-06