

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

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

Form C-103

May 27, 2004

WELL API NO. 30-015-24653
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-01119

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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-10) FOR SUCH PROPOSALS.)</p>		7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		8. Well Number 210
2. Name of Operator Exxon Mobil Corporation		9. OGRID Number 007673
3. Address of Operator P.O. Box 4358, CORP-MI-P056, Houston, TX 77210-4358		10. Pool name or Wildcat Avalon; Delaware 3715
4. Well Location Unit Letter <u>1</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>30</u> Township <u>20S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3295' GR		
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

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

11/29/06 MIRU WSU. POOH with rods and pump. NDWH, NU BOP, POOH with 61 jts 2-7/8" tbg secure well, SION.

11/30/06 Roads iced over. Crew returned home. SION.

12/01/06 RIH with gauge ring & tag @ 2616'. RIH with CIBP & set @ 2500'. RIH with 78 jts open ended tubing. Load & test tbg to 500 psi. Test good. Circulate packer fluid. Lay down 48 jts, leaving 30 jts in hole as kill string. SION.

12/02/06 MU well head, RD and move off location.

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 NMOCD approved plan ☐.

SIGNATURE Jiffany Stebbins TITLE Sr. Staff Technical Assistant DATE 12-15-06

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

Accepted for record - NMOCD

APPROVED BY: _____ TITLE _____ DATE 12/20/06

Conditions of Approval (if any): _____