Typε of Well: OIL X

4. Well Location

2. Name of Operator

3. Address of Operator

Section 36

State of New Mexico Energ Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

Township 20S

3309' GR

OIL CONSERVATION DIVISION OINTRICT II O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P 0. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 3001523443		
SAIRTA FE, NEW IVIEXICO 8/504-2088 ISTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. L-4861		
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.)	7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT		
Type of Well: DIL X GAS OTHER WELL WELL			
Name of Operator EXXON CORPORATION	8. Well No. 433		
Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	9. Pool name or Wildcat AVALON DELAWARE 3715		
Vell Location	COURT APPROVING 2/12		
Unit Letter I : 2180 Feet From The SOUTH Line and 660 Feet	From The EAST Line		
Section 36 Township 20S Range 27E NM	PM EDDY County		

Check Approp	oriate Box to Indicate N	ature of Notice, Report, or (Other Data	
NOTICE OF INTER		SUBSEQUENT		
PERFORM REMEDIAL WORK P	LUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	, [
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLING OPNS.	PLUG & ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOI	в	
OTHER:		OTHER:TEMPORARILY AB	ANDON	X
12. Describe Proposed or Completed Operations (Cowork) SEE RULE 1103.	learly state all pertinent details, and g	Live pertinent dates, including estimated date o	f starting any proposed	

Range 27E 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4/18/97 PULL RODS & TBG.; SET CIBP. @ 4650' W/ 35' CMT. ON TOP 4/24 PRESSURE TEST TO 700 & 800 FOR 30 MIN. W/ LESS THAN A 10% PSI DROP; FILL WELLBORE W/ CORROISION INHIBITOR; TA WELL

TA STATUS IS REQUESTED FOR 5 YRS.

MAY - 6 1997

OIL COLL DIV. DIST. O

I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE COLUMN AND COLUMN	ledge and belief.
TYPE OR PRINT NAME Alex M. Correa	(915) 688-6782 TELEPHONE NO.
(This space for State Use)	5 Ward Carlo
APPROVED BY	

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary

Sylvator 5/2002