

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.
3001523443

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-4861

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

8. Well No.
433

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 TO 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
P. O. BOX 4358
MIDLAND, TX 77210**

4. Well Location
Unit Letter **I** : **2180** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line
Section **36** Township **20S** Range **27E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3309' 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.

THIS PROCEDURE RETURNS THE ADU 433, (CURRENTLY TA STATUS), TO PRODUCTION IN THE LOWER BRUSHY CANYON.

- * PERF FROM ABOUT 4,190' TO 4,690'
- * ACIDIZE PERFS WITH 4,500 GALS. OF HES FAIRCHECK WATER WITH 7.5% HCL TO BREAK PERFS.
- * FRAC WITH 33,750 GALS. OF HES HYBORE FLUID WITH 99,000# OF 20/40 SAND.
- * REMOVE CAST IRON BRIDGE PLUG @ 4,650'.
- * PUT WELL ON PUMP.

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

SIGNATURE *J. R. Ward* TITLE **Sr. Regulatory Specialist** DATE **10/27/98**

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use) **ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY *BGX* TITLE _____ DATE **10-29-98**

CONDITIONS OF APPROVAL, IF ANY: