

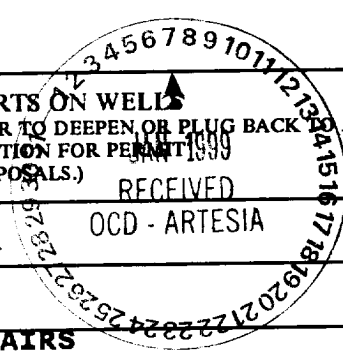
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-4861
7. Lease Name or Unit Agreement Name AVALLON (DELAWARE) UNIT
8. Well No. 433
9. Pool name or Wildcat AVALLON DELAWARE 3715

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, 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: **DIG WORKOVER PIT** ☒

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.

APPROVAL IS REQUESTED TO DIG A WORKOVER PIT FOR THE ADU 433 WORKOVER, WHICH WAS APPROVED ON 10/27/98. THE PIT WILL BE DUG APPROXIMATELY 12' X 15' X 8'. IT WILL BE PLASTIC LINED. THE PIT WILL BE COVERED WITHIN 5 DAYS OF THE COMPLETION OF THE WORK.

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 **01/06/99**

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

(This space for State Use)

APPROVED BY *Jim W. Green* TITLE **District Supervisor** DATE **1-8-99**

CONDITIONS OF APPROVAL, IF ANY: