

DISTRICT I  
1625 N. French, Hobbs, NM 88240

DISTRICT II  
811 South First, 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 PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:  
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
**Exxon Corp.**

3. Address of Operator **P. O. Box 4358**  
**Houston, Texas 77210-4358**

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** NMPH **Eddy** County

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

**3309 GR**

11. 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.

**1-18-99 MIRU. Tag Cmmt @ 4590'.**

**1-19-99 Drill out cmnt and CIBP @ 4650; Perf 4600-4630 w/2 SPF (60 shots).**

**1-20-99 Pump 1500 gal of 7 1/2% HCL, 6 BPM @ 1900 psi, ISIP - 33 psi.**

**Frac 46-4630 w33,750 gal of HES Hybore Fluid w/99,000 of 20/40 sand.**

**1-21-99 Tag sand @ 4616, clean out to 4659.**

**1-28-99 Install 2x1 1/2 x 20 pump.**

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

SIGNATURE: Allison Myrow TITLE **Staff Office Assistant**

DATE **08/02/1999**

TYPE OR PRINT NAME **Allison Myrow**

TELEPHONE NO. **(713) 431-1213**

(This space for State Use)

Jim W. Brown  
BDA

District Supervisor

APPROVED BY:  
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

**8-4-99**