

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div.
811 S. 1st Street
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other **DISPOSAL WELL**

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 1600 MIDLAND, TX 79702 (915) 688-6783

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NWSE, 1980' FSL & 1980' FEL, SEC 31, T20S, R28E

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NNM94450X

8. Well Name and No.

AVALON (DELAWARE) UNIT 546

9. API Well No.

3001524048

10. Field and Pool, or Exploratory Area

AVALON DELAWARE 3715

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

REMOVAL TEMP. WORKOVER PIT

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

USE OF TEMP. WORKOVER PIT, APPROVED. 09/11/96, WAS COMP. 09/13/96 AND PIT WAS REMOVED AND AREA REFILLED 09/18/96.

APPROVED FOR RECORD

OCT 6 1996

14. I hereby certify that the foregoing is true and correct

Signed Alex M. Correa

Alex M. Correa
Title **Sr. Regulatory Specialist**

Date **09/26/96**

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: