

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-24048

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM-01119

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

2. Name of Operator
Exxon Mobil Corporation

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

7. Lease Name or Unit Agreement Name
Avalon (Delaware) Unit

8. Well No.
5467

9. Pool name or Wildcat
Avalon; Delaware 3715

4. Well Location
Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line
Section **31** Township **20S** Range **28E** NMPH **Eddy** County

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

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 ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **MACHANICAL INTEGRITY TEST** ☐

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

1/18/01 DATE OF MIT

1/18/01 TUBING CASING

INITIAL 590 0
15 MIN 590 0
30 MIN 550 0

1/18/01 PACKER SETIN DEPTH 8914'



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

SIGNATURE Mary L. Dow TITLE **Senior Staff Office Assistant** DATE **03/14/2001**

TYPE OR PRINT NAME **Mary L. Dow** TELEPHONE NO. **(713) 431-1797**

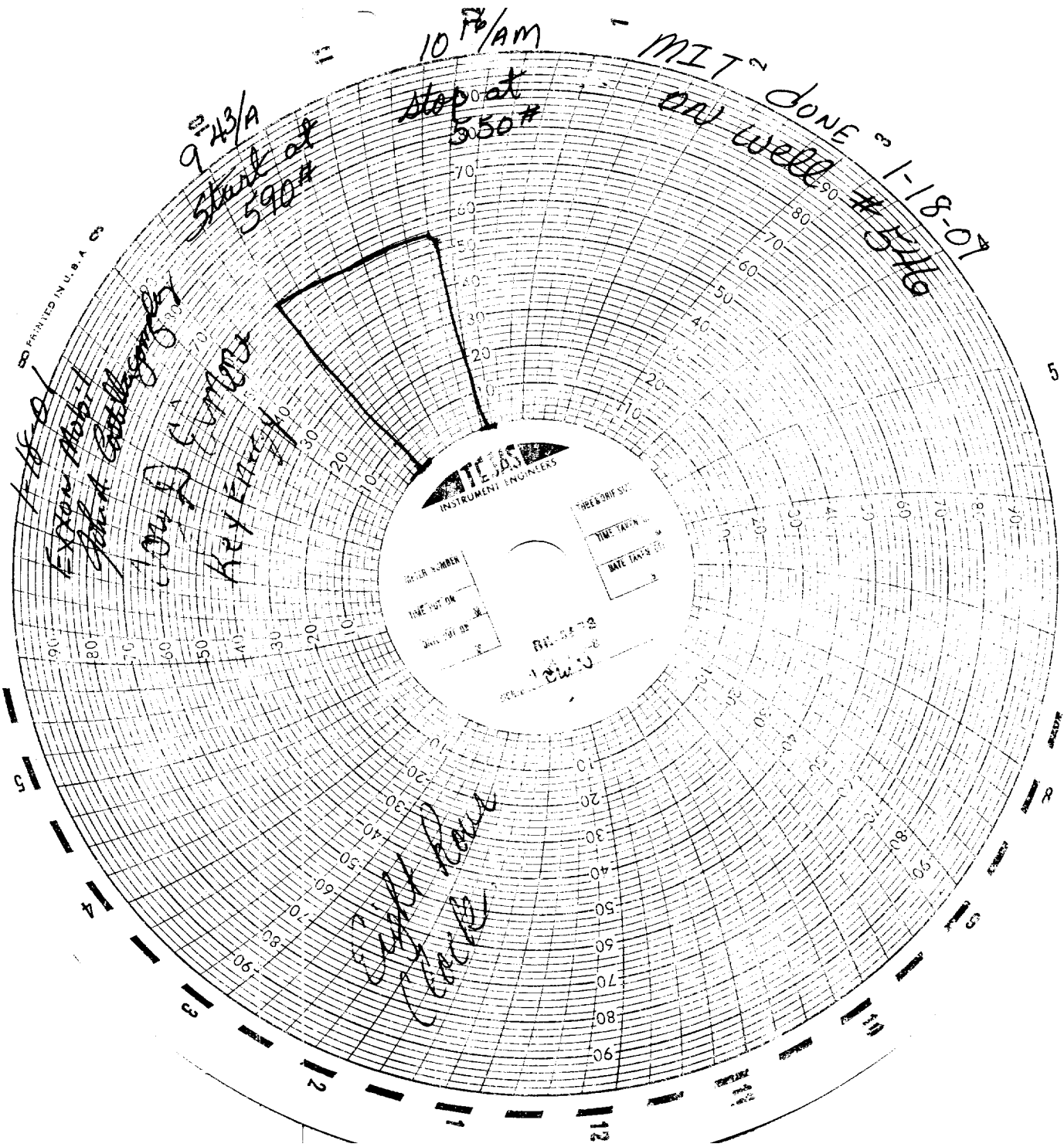
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APPROVED BY Record Only TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

50 PRINTED IN U.S.A.

DAY ↑



10:16/AM
Start at 590#
Stop at 550#
MIT Done
1-18-07
546

9:43/A
Start at 590#
Stop at 550#
MIT Done
1-18-07
546

TEAS
INSTRUMENT ENGINEERS

TIME TAKEN
DATE TAKEN

RECEIVED
DATE

NIGHT ↓

tubing - 0
casing - 0
surface - 0

P. Smith
JAN 22 2001

