

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

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| WELL API NO.<br><b>3001524377</b>  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>NM-01119</b>  |
| 7. Lease Name or Unit Agreement Name<br><b>AVALON (DELAWARE) UNIT</b>                    |
| 8. Well No.<br><b>562</b>  |
| 9. Pool name or Wildcat<br><b>AVALON DELAWARE 3715</b>                                   |

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| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER <b>INJECTOR</b>  |  |
| 2. Name of Operator<br><b>EXXON CORPORATION</b>  |  |
| 3. Address of Operator<br><b>ATTN: REGULATORY AFFAIRS ML#14<br/>P. O. BOX 1600<br/>MIDLAND, TX 79702</b>   |  |
| 4. Well Location<br>Unit Letter <b>O</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line<br>Section <b>31</b> Township <b>20S</b> Range <b>28E</b> NMPM <b>EDDY</b> County<br>10. Elevation (Show whether DF, RKB, RT, GR, etc.) |  |

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: **MECHANICAL 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.

**MECHANICAL INTEGRITY TEST CONDUCTED ON JANUARY 26, 1996.  
CHART ATTACHED.**

**RECEIVED**  
**OCT - 9 1996**  
**OIL CON. DIV.**  
**DIST. 2**

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

SIGNATURE Selena Nunez TITLE Sr. Office Assistant DATE 10/07/96  
TYPE OR PRINT NAME Selena Q. Nunez (915) 688-7899 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

