OPERATOR'S C.

Form 3160-5 (December 1989)	UNITED ST DEPARTMENT OF T		Permits	FORM APPR Budget Bureau No Expires: Septemb	. 1004-0135
•	BUREAU OF LAND N	MANAGEMENT	JAN 2 6 1998	5. Lease Designation and Se	erial No.
Do not use this	s form for proposals to drill or to dee Use "APPLICATION FOR PERMIT-	pen or reentry to a diffe		6. If Indian, Allottee or Trit	e Name
	SUBMIT IN TRI	PLICATE		7. If Unit or CA, Agreemen	t Designation
	Gas Other	8. Well Name and No. AVALON (DELAHARE) UNIT			
2. Name of Operator EXXON C 3. Address and Telepl	ORPORATION ATTN: REG	562 9. API Well No. 3001524377			
	OX 4358 HOUSTON, TX	10. Field and Pool, or Exploratory Area			
	Footage, Sec., T., R., M., or Survey Description)	AVALON DELAMARE 3715 11. County or Parish, State			
660' FS	L & 1980' FEL, SEC. 31	, 1205, K20E		EDDY	NM
12.	CHECK APPROPRIATE BOX(s) TO IN	DICATE NATURE OF NO	TICE, REPORT, OR O	THER DATA	
TYPE	OF SUBMISSION		TYPE OF ACTION		
	ntice of Intent	Abandonment Recompletion		Change of Plans New Construction	
X Su	bsequent Report	Plugging Back	/	Non-Routine Frac	turing
☐ Fii	nal Abandonment Notice	Casing Repair Altering Casing Other	CONVERT TO	Water Shut-Off Conversion to Inje	
		5	(Note: Report results of Recompletion Report a	of multiple completion on Well and Log form.)	Completion or
7/12-7/ RIH WIT 7/20/97	TUG AND LINED PIT. POH 16/97 TH SCRAPPER, CLEAN PERI TH PROD. TBG. SET PUMP	## WITH INJECTION ## STATE OF THE PROPERTY OF	N STRING.	<u></u>	

4. I hereby cestify that the form	going is true and correct	Patti Sandoval _{Tide} Sr Staff Office Assistant	Date 11/12/97
(This space for Federal of State office use)			Charles Charles
Approved by	:	Title	Diagovii

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representation as to any matter within its jurisdiction.