

Midland Production Organization  
Injection/Disposal Well  
Casing Integrity Test Results

Permits

OCT 02 1998

(Please Print)

- 1) Well Name and #: Avalon Delaware Unit #549
- 2) Date of Test: 9-30-98
- 3) Test Witnessed by ~~WEC~~ <sup>NMOC D</sup>: Yes ☒ No ☐ (Please circle one)  
If yes, name of ~~WEC~~ <sup>NMOC D</sup> representative: \_\_\_\_\_
- 4) Test Pressure (psig): \_\_\_\_\_

Time	Tubing	Casing	Intermediate Casing	Surface Casing
Initial	—	590 #	0	0
15 Min.	—	580 #	0	0
30 Min.	—	570 #	0	0

- 5) <sup>Plug</sup> ~~Packer~~ Setting Depth: 2500'
- 6) Injection Interval after WO (if changed): from: \_\_\_\_\_ to: \_\_\_\_\_
- 7) Reason for Test: After Workover  
(Please circle) First Test Prior to Injection (i.e., conversion, drillwell)  
Annual RRC Permit Required  
5 yr. Test RRC Required  
Other T.A. well
- 8) Well Status: Active Shut-In ☒ T/A'd ☐  
(Please circle)
- 9) Comments: 30' Cement on top off  
plug.
- 10) Name of person conducting test: \_\_\_\_\_  
(Print name)  
On Chart  
(Signature of person conducting test)

Attach ORIGINAL PRESSURE RECORDING CHART (with Exxon's field representative's signature) to this sheet. Please return this sheet within one (1) week after the test is completed to:

Karen Yarbrough  
ERAG - Permits, ML 14  
(915) 688-7871