

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S 31st Street
Artesia, NM 88210-2834

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

2. Name of Operator

EXXON CORPORATION

ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1212

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

660' FSL & 660' FEL SEC 31, T20S, R28E (SESE)

5. Well Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMM194450X

8. Well Name and No.

AVALON (DELAWARE) UNIT
549

9. API Well No.

3001524378

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

TEMPORARY ABANDONMENT

(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.)

9/29/98
MIRU

9/30/98
NU AND TEST BOP TO 500 SPI. SET CIBP @ 2500', DUMP BAIL 30' CMNT ON TOP OF PLUG. POOH LAYING DOWN TBG. ND BOP. RAN H-5 TEST, OK
RDMO

TEMPORARY ABANDONMENT

PLEASE SEE ATTACHED H-5 TEST.

TA APPROVED FOR 12 MONTH PERIOD
ENDING SEP 30 1999



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

Signed

Patti Sandoval

Title

Patti Sandoval
Sr Staff Office Assistant

Date 11/06/98

(This space for Federal or State office use)

Approved by (ORIG. SGD) DAVID B. GLASS

Title

PETROLEUM ENGINEER

Date NOV 13 1998

Conditions of approval, if any:

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 representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side

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 ~~ERC~~ ^{NMOC D}: Yes ☒ No ☐ (Please circle one)
If yes, name of ~~ERC~~ ^{NMOC D} 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) ^{Plug} ~~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

