

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

WELL API NO.
3001524388

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L 324

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'
(FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
AVALON (DELAWARE) UNIT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

JUN 26 1996

2. Name of Operator
EXXON CORPORATION

8. Well No.
609

3. Address of Operator
ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702

9. Pool name or Wildcat
AVALON DELAWARE 3715

4. Well Location
Unit Letter **D** : **660** Feet From The **N** Line and **660** Feet From The **W** Line
Section **32** Township **20S** Range **28E** NMPM **EDDY** County

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: ☐

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.

- DRILL OUT CIBP AT 2760'
- PERF UPPER CHERRY CANYON APPROX. 2724'-2752', AC. APPROX. 5 BBLS.
- PERF. UPPER BRUSHY CANYON APPROX. 3720'-3756' & 3770'-3784', FRAC. APPROX. 35,000 #'S SD. + 18,000 GAL., AC. APPROX. 800 GAL.
- RETURN WELL TO PRODN.

(WELL WAS HONDO A ST. #1 AND IS NOW THE AVALON (DELAWARE) UNIT #609)

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

SIGNATURE *Alex M. Correa* TITLE **Sr. Regulatory Specialist** DATE **06/21/96**

TYPE OR PRINT NAME **Alex M. Correa** (915) 688-6782 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **JUL 1 1996**

CONDITIONS OF APPROVAL, IF ANY: