

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**

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

8. Well No.  
**609**

9. Pool name or Wildcat  
**AVALON DELAWARE 3715**

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.)	
1. Type of Well: OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>	2. Name of Operator <b>EXXON CORPORATION</b>
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS, MURKIN P. O. BOX 1600 MIDLAND, TX 79702</b>	4. Well Location Unit Letter <b>D</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>32</b> Township <b>20S</b> Range <b>28E</b> NMPM <b>EDDY</b> 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: **ADD PAY TO CHERRY & BRUSHY CYN** ☒

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.

**07/31/96 MIRU**  
**08/01/96 DO CMT AND CIBP TO 3949'**  
**08/02/96 PERF W/ 3 1/8" RHSC GUN, 2724' TO 2752' 1 SPF**  
**3720' TO 3756' 1 SPF**  
**3770' TO 3784' 1 SPF**  
**08/05/96 ACIDIZE W/ 1134 GALS 7.5% HCL AND FRAC W/35100# 16/30 SAND AND 18300 GALS FLUID**  
**08/06/96 RIH W/ PRODUCTION EQUIPMENT**  
**08/07/96 RIH W/ PUMP AND RODS AND RETURN WELL TO PRODUCTION**

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 08/28/96

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE SEP 6 1996

CONDITIONS OF APPROVAL, IF ANY: