Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P 0. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

WELL API NO. 3001524414

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8/304-206	
DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. K-6854-2
	N-0037 E
SUNDRY NOTICES AND REPORTS ON WELLS	CK TO A
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	CK TO A 7. Lease Name or Unit Agreement Name
(FORMC-101) FOR SUCH PROPOSALS.)	AVALON (DELAMARE) UNIT
I. Type of Well:	
OIL X GAS OTHER WELL	8. Well No.
2. Name of Operator EXXON CORPORATION	262
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14	9. Pool name or Wildcat
P. O. BOX 1600 MIDLAND, TX 79702	AVALON DELAMARE 3715
4. Well Location	
Unit Letter 0 : 560 Feet From The SOUTH Line and 1980	Feet From The EAST Line
Section 30 Township 20S Range 28E	NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, 3258 GR	GR, etc.)
Check Appropriate Box to Indicate Nature of I	Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIA	
TEMPORARILY ABANDON CHANGE PLANS COMMEN	ICE DRILLING OPNS. PLUG & ABANDONMENT
PULL OR ALTER CASING CASING	TEST AND CEMENT JOB
OTHER	
OTTIER.	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent a	ates, including estimated date of starting any proposed
(PREVIOUSLY, WELL WAS THE YATES PET. CORP.,	STONEWALL WN ST #1. WELL IS
NOW IN THE AVALON (DELAWARE) UNIT AS #262)	OF OF MAR
	RECEIVED
- DRILL OUT CIBP W/ CMT. AT 3365' - REPERF. APPROX 3666'-3700'	
- FRAC. APPROX. 40,000 # SD. + 16,000 GALS.	APR 0 8 1996
WELL WILL REMAIN IN THE AVALON DELAWARE 371	5 P001
WELL WILL REMAIN IN THE AVACON BELAWARE 372	OIL CUM. DIV.
	DIST. 2
	The state of the s
I hereby certify that the information above is the ana complete to the best of my knowledge and belief.	
SIGNATURE COMPANY TITLE Sr. Requ	ulatory Specialist DATE 04/01/96
TYPE OR PRINT NAME Alex M. Correa	(915) 688-6782 TELEPHONE NO.
(This space for State Use)	
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	APR 9 19 96
APPROVED BY	• •