

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-01119

6. IF INDIAN, ALLOTTEE OR COMMISSION NAME

NM OIL COND. COMMISSION
DRAWER DD
NM 88210

7. UNIT NAME

8. FARM OR LEASE NAME

Yates C Federal 18

9. WELL NO.

3001524525

10. FIELD AND POOL, OR WILDCAT

Avalon Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Exxon Corporation AHN: MPO Rev Oil

3. ADDRESS OF OPERATOR
P.O. 4721 Houston, Texas 77001 (713)680-7985

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2310' FSL + 2310' FEL, Sec 31, T20s-R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) Renew TA status

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)

Request Renewal of TA Status for Subject well.
Justification: Well is included in Avalon Unitization and Secondary Recovery project. Unitization is expected to be completed by the 4th quarter of 1995.

RECEIVED

JUL 18 1995

TA APPROVED FOR 12 MONTH PERIOD
ENDING 6/8/96
DIST 2

JUN 5 10 20 AM '95

RECEIVED

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

SIGNED Lora Barrett

TITLE Accounting Asst.

DATE June 2, 95

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD.) JOE G. LARA TITLE PETROLEUM ENGINEER

DATE 7/10/95

CONDITIONS OF APPROVAL, IF ANY:

A casing integrity test will be required if well is not reactivated by Dec. 1995.
*See Instructions on Reverse Side