

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. 3001524543
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-6854
7. Lease Name or Unit Agreement Name AVALLON (DELAWARE) UNIT
8. Well No. 263
9. Pool name or Wildcat AVALLON DELAWARE 3715

SUNDRIY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL ☒ WELL GAS ☐ WELL OTHER ☐ **MAY 30 1996**

2. Name of Operator
EXXON CORPORATION

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

4. Well Location
Unit Letter **P** : **480'** Feet From The **SOUTH** Line and **990** Feet From The **EAST** Line
Section **30** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3243' GR

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.

WELL WAS PREVIOUSLY THE YATES PET., STONEWALL WM ST. #2 AND IS NOW THE
AVALLON (DELAWARE) UNTI #263.)
CIBP AT 4865' WILL REMAIN IN PLACE.
PERF. U. CHERRY CANYON APPROX. 2686'-2748', FRAC. APPROX. 31,000 #'S SD.
+ 18,000 GAL.
PERF. U. BRUSHY CANYON APPROX. 3704'-3750', FRAC. APPROX. 40,000 #'S SD.
+ 17,000 GAL. & 1,200 GAL AC.

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 05/28/96
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 JUN 16 1996

CONDITIONS OF APPROVAL, IF ANY: