

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

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. 3001524574	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. K-5115	
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT	
8. Well No. 243	
9. Pool name or Wildcat AVALON DELAWARE 3715	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3314' GR	

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 E : 2310 Feet From The NORTH Line and 990 Feet From The WEST Line Section 30 Township 20S Range 28E NMPM EDDY County	

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, FRAC AND ACIDIZE** ☐

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.

06/03/97 MIRU,
06/04/97 RAN SCRAPER TO 3910'
06/05/97 PERF U/CHERRY CANYON, AND U. BRUSHY CANYON 2640' TO 3644'
1 SPF RHSC 3 1/8"
06/06/97 ACIDIZE W/ 42 GALS 15% HCL , AND FRAC W/ 64000# SAND AND
20,000 GALS FLUID
06/10/97 RIH W/ PRODUCTION EQUIPMENT 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 07/16/97

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM K. [Signature] TITLE _____ DATE JUL 23 1997

CONDITIONS OF APPROVAL, IF ANY: