

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.
3001524623

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-2726-1

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 ☐ GAS ☐ **XOTHER SWD WELL**

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
ATTN: REGULATORY AFFAIRS
P. O. BOX 4358
HOUSTON, TX 77210

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

8. Well No.
246

9. Pool name or Wildcat
AVALON DELAWARE 3715

4. Well Location

Unit Letter **J** : **1650** 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, GR, etc.)
3268' 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: **CONVERT FROM SWD TO PRODUCER** ☒

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 DRILLED AS AN OIL WELL IN 1983 AND CONVERTED TO SWD IN 1986.
THE FOLLOWING PROCEDURE WILL ALLOW A WELL CLEAN-OUT, INSTALLATION OF NEW
TUBING AND RETURNING THE WELL TO PRODUCTION.

MOVE IN AND RIG UP UNIT, NIPPLE-UP BOP AND TEST.
UNSET GUIBERSON TENSION PACKER.
LAY ALL TUBING DOWN ON RACK.
CLEAN OUT WELL TO 3,900'.
PICK UP BULL DOG BALIER AND NEW 2.875 TUBING STRING.
RUN TUBING IN THE HOLE, NIPPLE DOWN BOP AN NIPPLE UP WELLHEAD.
INSTALL PUMP AND PUT WELL ON PRODUCTION.



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

SIGNATURE J. R. Ward TITLE **Sr. Regulatory Specialist** DATE **04/29/99**

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY BGX TITLE _____ DATE **5-3-99**

CONDITIONS OF APPROVAL, IF ANY: