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to Appropriate
District Office

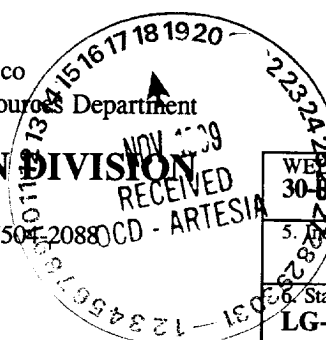
State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088



WEST API NO.
30-015-24623

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"
(FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name

Avalon (Delaware) Unit

1. Type of Well:

Oil
Well ☐

Gas
Well ☐

Other SWD Well

2. Name of Operator

Exxon Corp.

8. Well No.

246

3. Address of Operator P.O. Box 4358

Houston

TX 77210-4358

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**

NMPH

Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3268' GR

11. 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Convert from SWD to Producer** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

06/17/99 MIRU, nipple up BOP and test, pull tubing.

06/18/99 RIH w/prod string, flange up well head.

06/19/99 Install pump. RDMO.

Post IO-3
12-3-99
CONV SWD to Prod

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

SIGNATURE *Allison Myrow*

TITLE **Staff Administrative Assistant**

DATE **11/16/1999**

TYPE OR PRINT NAME **Allison C. Myrow**

TELEPHONE NO. **(713) 431-1213**

(This space for State Use)

APPROVED BY *Jim W. Green*

TITLE

District Supervisor

DATE **11-23-99**

CONDITIONS OF APPROVAL IF ANY: