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

## **OIL CONSERVATION DIVISION**

P 0. Box 2088

WELL API NO. 3001524637

P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New IVIEXICO 8/504-2088  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.  K-6854
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.)	7. Lease Name or Unit Agreement Name  AVALON (DELAMARE) UNIT
1. Type of Well: OIL X GAS OTHER WELL WELL	
2. Name of Operator XXON CORPORATION	8. Well No. 242
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	9. Pool name or Wildcat  AVALON DELAMARE 3715
4. Well Location	
Unit Letter L : 1650 Feet From The SOUTH Line and 990 Feet F	rom The WEST Line
Section 30 Township 20S Range 28E NMP	M EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  3306 GR	
Check Appropriate Box to Indicate Nature of Notice, l	Report, or Other Data
** *	SEQUENT REPORT OF:

PERFORM REMEDIAL WORK ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PLUG & ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB L PULL OR ALTER CASING OTHER: 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 CORP., STONEWALL WM ST. #6 AND IS NOW THE AVALON (DELAWARE) UNIT #242.)

PERF. U. CHERRY CANYON APPROX. 2656'-2814', FRAC. APPROX. 80,000 #'S SD.

+ 35,000 GAL.

PERF. U. BRUSHY CANYON APPROX. 3610'-3664', FRAC. APPROX. 40,000 #'S SD. + 20,000 GAL.

RECEIVED

MAY 3 0 1996

I hereby certify that the information above introe and complete to the best of my knowledge a SIGNATURE TYPE OR PRINT NAME Alex M. Correa		and belief.  TLE Sr. Regulatory Specialist 95/28/96  (915) 688-6782 TELEPHONE NO.		
(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	٠		JUN	6 1996
APPROVED BY	TITLE		DATE	