

DISTRICT I
P.O. Box 1080, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
P.O. Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 3001524687	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. K-4097-1	
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT	
8. Well No. 2711	916
9. Pool name or Wildcat AVALON DELAWARE 3715	

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-103) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL 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 A 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 6 Township 21S Range 27E NMPM EDDY County 10. Elevation (Show whether LF, RKB, RF, GR, etc.)	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER TA <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

2. 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 NEW MEXICO FN STATE #1. COPY OF C-104 TO CHANGE NAME TO THE AVALON (DELAWARE) UNIT #2711 IS ATTACHED.

TA WELL ACCORDING TO RULE 203, C, 1, A. TA STATUS IS REQUESTED FOR 5 YRS. THIS WELL IS INCLUDED IN THE AVALON (DELAWARE) UNIT AND WILL BE USED FOR FUTURE ENHANCED RECOVERY.

DISTRICT OFFICE WILL BE NOTIFIED 24 HRS. BEFORE WORK BEGINS.

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 10/13/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY Chris Noel TITLE DISTRICT REG. DIV. CHIEF DATE OCT 18 1995

CO. OF APPROVAL (If Any)