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.
3001524687

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
17612

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 [X] GAS WELL [ ] OTHER

2. Name of Operator
EXXON CORPORATION

8. Well No.
~~2711~~ 916

3. Address of Operator
ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702

9. Pool name or Wildcat
AVALON DELAWARE 3715

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 DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG & ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: TEMPORARILY ABANDON [X]	

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.

11/07/95 MIRU
11/09/95 RIN W/ 5.5 CIBP AND SET @ 4300', DUMP BAIL 20' CMT ON TOP OF CIBP. PRESSURE TEST CSG TO 500 PSI TESTED GOOD.

This Approval of Temporary Abandonment Expires 11/ /

Pat EO-3 2-9-96

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 11/17/95

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

(This space for State Use)

APPROVED BY [signature] TITLE Field Supervisor DATE 11/28/95

CONDITIONS OF APPROVAL, IF ANY: