

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 ☒

FEE ☐

6. State Oil & Gas Lease No.  
**17612**

7. Lease Name or Unit Agreement Name

**AVALON (DELAWARE) UNIT**

8. Well No.  
**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-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL ☒  
WELL

GAS ☐  
WELL

OTHER

2. Name of Operator

**EXXON CORPORATION**

3. Address of Operator

**ATTN: REGULATORY AFFAIRS  
P. O. BOX 4358  
HOUSTON, TX 77210**

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: **CONVERT TO WATER SOURCE WELL** ☒

### 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 PREVIOUSLY THE NEW MEXICO FN STATE #1. WELL IS CURRENTLY TA'D. THE WELL WILL BE CONVERTED TO A WATER SOURCE WELL. WILL DRILL OUT CIBP @ 3400'. PERF FROM APPROXIMATELY 3864' TO 4722'. FRAC LOWER BRUSHY CANYON PERFS IN 2 STAGES WITH APPROXIMATELY 36,000 GALLONS OF HES DELTA 140 AND 89,000# OF 20/40 SAND EACH. ACIDIZE WITH 10,000 GALLONS OF 7.5% HCL.**

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 **04/27/98**

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

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM** TITLE **DISTRICT II SUPERVISOR** DATE **MAY 11 1998**

CONDITIONS OF APPROVAL, IF ANY: