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

8. Well No.
916

2. Name of Operator
EXXON CORPORATION

9. Pool name or Wildcat
AVALON DELAWARE EAST

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:		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: DIG WORKOVER PIT [X]		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.

APPROVAL IS REQUESTED TO DIG A WORKOVER PIT FOR THE ADU 916 WORKOVER, WHICH WAS APPROVED ON 5/11/98. THE PIT WILL BE DUG APPROXIMATELY 12'X15'X8'. IT WILL BE PLASTIC LINED. THE PIT WILL BE COVERED WITHIN 5 DAYS OF THE COMPLETION OF THE WORK.

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 10/02/98

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

(This space for State Use)

APPROVED BY Bill Olson BY TITLE District Supervisor DATE 10-2-98

CONDITIONS OF APPROVAL, IF ANY: