

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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" (FORMC-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER WATER SOURCE	7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
2. Name of Operator EXXON CORPORATION	8. Well No. 916
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210	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.) 3236' GR	

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: ☐

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.

10/1/98 MIRU. TAG CMENTS @ 4287, DRILL OUT CMNT CMNT & CIBP @ 4300'.
CIRCULATE HOLD CLEAN.
10/2/98 ADD PERFS @ 4630-4660 (2 SPF)
10/5/98 ACIDIZE PERFS @ 4630-4660 W/750 GALS OF 7-1/2% HCL & 1000 GALS
FER-CHECK WATER. RDMO

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Patti Sandoval* TITLE Sr Staff Office Assistant DATE 03/26/99
TYPE OR PRINT NAME Patti Sandoval (713) 431-1212 TELEPHONE NO.

(This space for State Use)

APPROVED BY *Jim W. Green* TITLE District Supervisor DATE 4-9-99

CONDITIONS OF APPROVAL, IF ANY:

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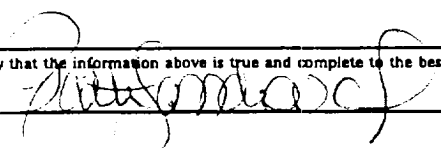
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1/12/99 RUMO

1/13/99 FRAC'D WELL: INTERVAL: 4374-4660' W/44000 GAL. FLUID, 123000 LBS 20/40 ACFRA PROPPANT.

1/16/99 RUN IN HOLE W/PROD. STRING, SET @ 4300', RIH W/PUMP & RODS. RDMO.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **Sr Staff Office Assistant** DATE **03/26/99**

TYPE OR PRINT NAME **Patti Sandoval** (713) 431-1212 TELEPHONE NO.

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APPROVED BY _____ TITLE _____ DATE _____

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