## State of New Mexico Ene: Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs,	NIM 88240 OIL	CONSERVATION	ON DIVISION			
DISTRICT II P 0. Box 2				WELL API NO. 3001524687		
P.O. Drawer DD, Artes	sia, NM 88210	Santa Fe, New Mexic	and the same of th	5. Indicate Type of Le	ase 🔽 🦳	
DISTRICT III 1000 Rio Brazos Rd., A	aztec, NM 87410		15 x 13 30 5 ×	6, State Oil & Gas Lea	STATE X FEE	
			<u> </u>	17612		
SUNDRY NOTICES AND REPORTS ON WELLS MAR 1990  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKETO A  DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT'  (FORMC-101) FOR SUCH PROPOSALS.)  COD - ARTESIA						
				7. Lease Name or Unit Agreement Name  AVALON (DELAMARE) UNIT		
1. Type of Well:				AVALON (DELA	MARE JUNIT	
OIL GAS XOTHER WATER SOURCE						
2. Name of Operator EXXON CORPORATION				8. Well No. 916		
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 4358				9. Pool name or Wildcat		
HOUSTON, TX 77210  4. Well Location						
Unit Letter A_	_ : 660 Feet From Th	ie NORTH Line and	660 Feet	From TheEA	ST Line	
Section 6	Township	21S Range	27E NMI	PM ED	DY County	
		10. Elevation (Show wheth 3236 GR	er 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 REMEDI	AL WORK P	LUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII				LING OPNS.	PLUG & DATE ABANDONMENT	
PULL OR ALTER CA			CASING TEST AN	D CEMENT JOB		
		Γ	7 I		П	
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 herety certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE						
TYPE OR PRINT NAME	Patti Sando	val <sup>/</sup>	(7	(713) 431-1212 TELEPHONE NO.		

Sim W. German TITLE District Supervisor

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APPROVED BY

Submit 3 Copies to Appropriate

## State of New Mexico

Minerals and Natural Resources Department

Form C-103

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Ener District Office Revised 1-1-89 DISTRICT I **OIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P 0. Box 2088 3001524687 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X DISTRICT III FEE ! 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT (FORMC-101) FOR SUCH PROPOSALS.) AVALON (DELAWARE) UNIT 1. Type of Well: OIL U GAS XOTHER WATER SOURCE WELL 8. Well No. 2. Name of Operator 916 **EXXON CORPORATION** REGULAT 9. Pool name or Wildcat 3. Address of Operator P. O. BOX 4. Houston, TX AVALON DELAWARE 3715 4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 660 EAST \_\_ Feet From The \_ Line Range 27E EDDY Section 6 Township 21S 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: SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG & ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: 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. 1/12/99 **RUMO** FRAC'D WELL: INTERVAL: 4374-4660' W/44000 GAL. FLUID, 123000 1/13/99 LBS 20/40 ACFRA PROPPANT. RUN IN HOLE W/PROD. STRING, SET @ 4300', RIH W/PUMP & RODS. 1/16/99 RDMO. I hereby certify that the information above is true and complete to the best of my knowledge and belief. \_\_\_ DATE 03/26/99 TITLE \_Sr Staff Office Assistant SIGNATURE (713) 431-1212 TELEPHONE NO. TYPE OR PRINT NAME Patti Sandoval

\_ TITLE \_\_

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APPROVED BY\_