

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

2197
Form C-103
Revised March 25, 1999

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Sante Fe, NM 87505

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-24687
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" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit
2. Name of Operator Exxon Corp.	8. Well No. 916
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358	9. Pool name or Wildcat Avalon; Delaware 3715
4. Well Location Unit Letter _____ : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 6 Township 21S Range 27E NMPH Eddy County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3236 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

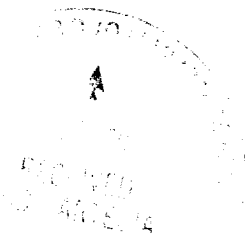
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: **Convert WSW to Oil Well** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

The above well is to be converted to an oil well. No well work will be done. The well will be put on a normal oil well testing schedule.



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

SIGNATURE _____	TITLE Senior Regulatory Specialist	DATE 01/05/2000
TYPE OR PRINT NAME James R. Ward	TELEPHONE NO. (713) 431-1024	

(This space for State Use) **ORIGINAL SIGNATURE OF TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **1-14-00**

CONDITIONS OF APPROVAL IF ANY: