

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other **INJECTION WELL**

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1024

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

563' FNL & 560' FEL, SEC 5, T21S, R27E (NENE)

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NNM194450X

8. Well Name and No.

**AVALON (DELAWARE) UNIT
816**

9. API Well No.

3001524696

10. Field and Pool, or Exploratory Area

AVALON DELAWARE 3715

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

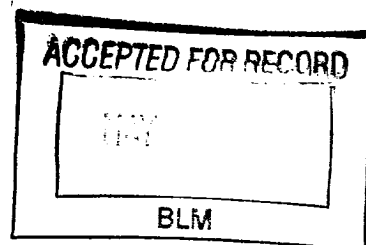
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

INSTALLATION OF POWER LINE

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

THE INSTALLATION OF THE POWER LINE IS COMPLETE AS OF 4/24/98 (SUNDRY TO INSTALL APPROVED ON 4/8/98).



(ORIG. SGD.) GARY GOURLEY

14. I hereby certify that the foregoing is true and correct

Signed

J. R. Ward

Title

**J. R. Ward
Sr. Regulatory Specialist**

Date

04/27/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: