

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. 3001524710
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-5115-1
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 227
9. Pool name or Wildcat AVALON DELAWARE 3715

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> JUN 28 1996	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter F : 2310 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 30 Township 20S Range 28E 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:

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: **PERF THE UPPER CHERRY CANYON** ☒

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.

05/31/96 MIRU
06/03/96 RIH AND SET RBP @ 3300' TEST CASG.
06/04/96 PERF 2584' TO 2748' 2 SPF 3 1/8" RHSC GUN
06/05/96 ACIDIZE W/ 966 GALS 15% HCL, FRAC W/50000# 16/30 SAND AND 21700 GALS FLUID
06/06/96 TAGGED SAND @ 2792, CLEAN OUT DOWN TO 3130'
06/07/96 RIH AND CIRCULATED SAND OUT TO RBP @ 3300' UNSET AND POH. RIH W/ PRODUCTION STRING SN @ 2491'

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 06/26/96

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT 1 ALBUQUERQUE

APPROVED BY _____ TITLE _____ DATE JUL 1 1996

CONDITIONS OF APPROVAL, IF ANY: