Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
3001524751

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
K-4097-1

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)

RECEIVED

7. Lease Name or Unit Agreement Name
AVALON (DELAWARE) UNIT

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
EXXON CORPORATION

8. Well No.
~~2709~~ 914

3. Address of Operator
ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702

9. Pool name or Wildcat
AVALON DELAWARE 3715

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 6 Township 21S Range 27E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG & ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: TA [X]		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.

WELL WAS PREVIOUSLY THE NEW MEXICO FN STATE #3. COPY OF C-104 TO CHANGE NAME TO THE AVALON (DELAWARE) UNIT #2709 IS ATTACHED.

TA WELL ACCORDING TO RULE 203, C, 1, A. TA STATUS IS REQUESTED FOR 5 YRS. THIS WELL IS INCLUDED IN THE AVALON (DELAWARE) UNIT AND WILL BE USED FOR FUTURE ENHANCED RECOVERY.

DISTRICT OFFICE WILL BE NOTIFIED 24 HRS. BEFORE WORK BEGINS.

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

SIGNATURE Alex M. Correa TITLE Sr. Regulatory Specialist DATE 10/13/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

This space for State Use

APPROVED BY _____ TITLE _____ DATE OCT 18 1995

CONDITIONS OF APPROVAL, IF ANY: