

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised March 25, 1999

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

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

WELL API NO.  
**30-015-24751**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**17612**

7. Lease Name or Unit Agreement Name  
**Avalon (Delaware) Unit**

8. Well No.  
**914**

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"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:  
Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
**Exxon Mobil Corporation**

3. Address of Operator **P.O. Box 4358**  
**Houston TX 77210-4358**

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** NMPH **Eddy** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **temporarily abandon** ☒

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)  
**9/12/2000 Pressured up casing to 500 psi. No decline.**

**Request TA status be renewed for five years.**



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

SIGNATURE **D.O. Howard**

TITLE **Regulatory Specialist**

DATE **10/03/2000**

TYPE OR PRINT NAME **Dolores O. Howard**

TELEPHONE NO. **(713) 431-1792**

(This space for State Use)

APPROVED BY **[Signature]** TITLE **Field Rep I**

DATE **10-23-00**

CONDITIONS OF APPROVAL IF ANY: