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	Form C-103 March 25, 1999
Revised	March 25, 1999

Submit 3 Copies		New Mexico		₩)	
o Appropriate District Office	Energy, Minerals and N	Natural Resources Department		Form C-103 Revised March 25, 1999	
DISTRICT I 625 N. French Dr., Hobbs, NM 88240 DISTRICT II	OIL CONSERV	ATION DIVISION . Box 2088	WELL API NO. 30-015-24770		
311 South First, Artesia NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 8750			6. State Oil & Gas Lease K-6261		
SUNDRY	NOTICES AND REPOR	TS ON WELLS) A	a de la companya de	
(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)			'	7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit	
1. Type of Well: Oil Well	Gas Well Oth	ner			
2. Name of Operator V Exxon Cor	n		8. Well No. 364		
3. Address of Operator P.O. Box 4 Housto	4358	TX 77210-4358	9. Pool name or Wildcat Avalon; Delaware 37.	i	
4. Well Location Unit LetterP:	Feet From The Sou	th Line and 330	Feet From The East	Line	
Section 25	Township 20S	Range 27E	NMPH	Eddy County	
Action 1997	10. Elevation	(Show whether DR, RKB, RT, GR, etc	c.)	Andrew Street Street	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: Convert to Water S 12. Describe proposed or complete work) SEE RULE 1103. (For	CHANGE PLANS MULTIPLE COMPLETION Source Well	POON COMMENCE DE CASING TEST A	RILLING OPNS. PLU AND CEMENT JOB tinent dates, including estimated completion or recompletion)	TERING CASING JG & ABANDONMENT	
Perf Lower Brushy Canyon Pressure test squeeze to 100	n from about 4485' - 462 00# out 6,000 gallons 7% HE lons of HES Delta Frac 2		100 miles 100 mi	OCD RECEIVED TO THE STREET OF	
I hereby certify that the information above is true at	ad complete to the best of my knowledge a	nd belief	y Specialist	DATE_12/08/1999	
SIGNATURE James R. W	ard		TELEPHONE N	o. (713) 431-1024	

APPROVED BY_ CONDITIONS OF APPROVAL IF ANY:

TYPE OR PRINT NAME

(This space for State Use)

James R. Ward