Need C-104 if oil is sold

15 16 17 18 19 20 3			
Submit 3 Copies to Appropriate District Office  DISTRICT I  1625 N. French Dr. Hons No. 2006.  CONSERVATION DIVISION	Form C-103		
1025 N. Tiellen Dr., rights, rights of A 2112 COMBINE A 11014 D1 4 101014	Revised March 25, 1999 WELL API NO.		
DISTRICT II 811 South First, Artesia BM 88210  P.O. Box 2088  DISTRICT III  P.O. Box 2088  Sall Fe, New Mexico 87504-2088	30-015-24770  5. Indicate Type of Lease		
1000 Dio Brazos Dd. Azhard NM 97410 * \$7.	STATE STATE		
DISTRICT IV 2040 South Pacheco, Sante Po 11 87505 LE OE 61	6. State Oil & Gas Lease No. K-6261		
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)	7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit		
1. Type of Well: Oil Gas Well Other water source well			
2. Name of Operator  Exxon Mobil Corporation	8. Well No. 364		
3. Address of Operator P.O. Box 4358	9. Pool name or Wildcat		
Houston TX 77210-4358  4. Well Location	Avalon; Delaware 3715		
Unit Letter P : 660 Feet From The South Line and 330	Feet From The East Line		
	NMPH Eddy County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3316 KB			
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLIN  PULL OR ALTER CASING  MULTIPLE  COMPLETION  CASING TEST AND COMPLETION	EQUENT REPORT OF:  ALTERING CASING  GOPNS. PLUG & ABANDONMENT  EMENT JOB		
OTHER: OTHER: Change We  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, included the complete operations).	OTHER: Change Well Classification		
work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recommendate with the second s	completion)		
I hereby certify that the information above is true and complete to the best of my knowledge and believe.	A 07/10/2002		
SIGNATURE Dolores O. Howard TITLE Sr. Regulatory Specialis	DATE 07/18/2002  TELEPHONE NO. (713) 431-1792		
The state of the s	TELEPHONE NO. (113) 431-1172		
(This space for State Use)			
APPROVED BY	DATE		

Submit 3 Copies to Appropriate District Office	State of New Mex Energy, Minerals and Natural Re	ice 3 14 15 16 17 78 79 79 79 79 79 79 79 79 79 79 79 79 79	3	Form C-103
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III	OIL CONSERVATION P.O. Box 2083 Santa Fe, New Mexico	CD CEIVE	WELL API NO. 30-015-24770	Revised March 25, 1999
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505	Santa Te, New Mexico d	\$ 1000-2000 17/5/s/s	LCN /	STATE STATE STATE
(DO NOT USE THIS FORM FOR PI DIFFERENT RESE (FORM	OTICES AND REPORTS ON WI ROPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR P 4 C-101) FOR SUCH PROPOSALS)	N OR PLUG BACK TO A	7. Lease Name or Unit Avalon (Delaware)	-
1. Type of Well: Oil Well	Gas Well Other water so	ource well		
2. Name of Operator  Exxon Mobil Corporation			8. Well No. <b>364</b>	
3. Address of Operator P.O. Box 4358 Houston TX 77210-4358		9. Pool name or Wildcat Avalon; Delaware 3715		
4. Well Location  Unit Letter P: 660	Feet From The South	Line and 330	Feet From The Ea	ast Line
Section 25	Township 20S	U	МРН	Eddy County
	10. Elevation (Show whether 3316 KB	DR, RKB, RT, GR, etc.)		
NOTICE OF INTERPORARILY ABANDON PULL OR ALTER CASING  OTHER:  12. Describe proposed or completed operation work) SEE RULE 1103. (For Multiple)  Well continues to be a water source.  Please change well classification to	PLUG AND ABANDON CHANGE PLANS CHANGE PLANS COMPLETION COMPLETION COmpletions: Attach wellbore diagram of the well. No work has been done	SUBSE REMEDIAL WORK COMMENCE DRILLIN CASING TEST AND CI OTHER: Change We digive pertinent dates, include for proposed completion or received.	EQUENT REPOR  AL  IG OPNS. PL  EMENT JOB   Il Classification  ling estimated date of star completion)	RT OF: TERING CASING  UG & ABANDONMENT    ting any proposed
SIGNATURE	Jack TITLE ST	. Regulatory Specialis		DATE_07/18/2002
(This space for State Use)	A into lithin to him will			DATE
CONDITIONS OF APPROVAL IF ANY:	TITLE			DATE

Submit 3 Copies to Appropriate	State of New Mo			
District Office	Energy, Minerals and Natural R	Form C-103		
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION P.O. Box 208	Madivision -	WELL API NO. 30-015-24770	Revised March 25, 1999
811 South First, Artesia NM 88210 DISTRICT III	Santa Fe, New Mexicon	87504-208	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV	6	OCD ECE CEL		TATE FEE
2040 South Pacheco, Sante Fe, NM 8750	5	ARTED	5. State Oil & Gas Lease K-6261	No.
SUNDRY N	NOTICES AND REPORTS ON W	FELLS OF TO A STATE OF TO A ST		
DIFFERENT RE	NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEP SERVOIR. USE "APPLICATION FOR RM C-101) FOR SUCH PROPOSALS)	PERMIT" LE OE 67 87 L	7. Lease Name or Unit A Avalon (Delaware) U	·
1. Type of Well: Oil	Gas 🗔			
2. Name of Operator	Well Other water	source wen	8. Well No.	
	l Corporation		364	
3. Address of Operator P.O. Box 43  Houston		10-4358	9. Pool name or Wildcat Avalon; Delaware 371	15
4. Well Location  Unit Letter P : 66	Feet From The South	Line and 330	Feet From The East	Line
Section 25	Township 20S	Range 27E	МРН	Eddy County
	10. Elevation (Show whether 3316 KB	er DR, RKB, RT, GR, etc.)	///	
V/////////////////////////////////////	//////		<i>V//</i>	<u> </u>
	Appropriate Box to Indicate		-	
	NTENTION TO:		QUENT REPORT	· .
PERFORM REMEDIAL WORK	J PLUG AND ABANDON □	REMEDIAL WORK	☐ ALTE	ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. $\square$ PLUC	G & ABANDONMENT $\Box$
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CI	EMENT JOB	
OTHER:		OTHER: Change We	ll Classification	
12. Describe proposed or completed oper	ations. (Clearly state all pertinent details, ble Completions: Attach wellbore diagram	and give pertinent dates, includ	ing estimated date of starting	g any proposed
Well continues to be a water sou  Please change well classification	rce well. No work has been do			<b>1.</b>
I hereby certify that the information above is true and com	iplete to the best of my knowledge and belief.	V.,,,, t. , t. , t. , t. , t. , t. , t.		
	way Total	Sr. Regulatory Specialis	t	ATE 07/18/2002
Dolores O. How	ard * don*			(713) 431-1792
(This space for State Use)	A hrs. prior to any work			
ADDDOVED DV	NAS. DITUE_		r	DATE.
CONDITIONS OF APPROVAL IF ANY:	nies_		L	/A) i