

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer 101, 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.

**3001524794**

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**NM 01119**

7. Lease Name or Unit Agreement Name

**AVALON (DELAWARE) UNIT**

8. Well No.

**401**

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 CORPORATION**

3. Address of Operator

**ATTN: REGULATORY AFFAIRS  
P. O. BOX 4358  
HOUSTON, TX 77210**

4. Well Location

Unit Letter **A** : **330** Feet From The **NORTH** Line and **330** Feet From The **EAST** Line

Section **36** Township **20S** 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:

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: ☐

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.

**CLEAN OUT WELL BORE TO 4790'. SQUEEZE UPPER CHERRY PERFS. DRILL OUT CE-  
MENT & TEST CASING TO 1000# FOR 30 MIN. PERF FROM ABOUT 4204' TO 4630'.  
SET TREATING PACKER AT ABOUT 4175' & ACIDIZE PERFS W/5000 GAL 7.5% HCL.  
OVERFLUSH WITH 100BBLs OF 2% KCL WATER. SET PACKER AT 4150'. FRAC  
LOWER BRUSHY W/ABOUT 36,000 GAL. OF HES'S DELTA-140 AND ABOUT 89400# OF.  
20/40 OTTAWA SAND. RIG DOWN AND MOVE OUT WELL SERVICE UNIT AND PUT WELL  
ON PUMP.**

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

SIGNATURE *J. R. Ward* TITLE **Sr. Regulatory Specialist** DATE **10/07/98**

TYPE OR PRINT NAME **J. R. Ward** (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY *Simon W. Brown* TITLE *District Supervisor* DATE *10-9-98*

CONDITIONS OF APPROVAL, IF ANY: