

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. 3001524794
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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" (FORMC-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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.) 3299 KB	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

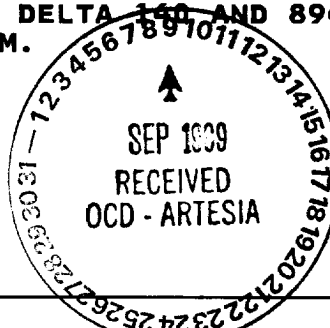
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

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.

7/21/99 SQUEEZE UPPER CHERRY PERFS (2648-2733) W/200 SX CMNT.
7/26/99 PERF LOWER BRUSHY CANYON 1 SPF (74 SHOTS) 4530-4560;4588-4630.
7/27/99 ACIDIZE PERFS W/1500 GAL OF 7 1/2% HCL & 144 BALL SEALERS. FRAC
LOWER BRUSHY W/36000 GAL OF HES DELTA 140 AND 89400# OF 20/40
OTTOWA SAND, AVERAGE RATE 20 BPM.
7/29/99 CIRCULATE SAND OUT OF HOLE.
7/30/99 PUT WELL ON PUMP.



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

SIGNATURE Allison Myrow TITLE Staff Office Assistant DATE 09/08/99

TYPE OR PRINT NAME Allison Myrow (713) 431-1213 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Lamm TITLE District Supervisor DATE 9-13-99

CONDITIONS OF APPROVAL, IF ANY: