

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. 3001526370
5. Indicate Type of Lease STATE <input 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. 515
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 ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter A : 1305 Feet From The NORTH Line and 1305 Feet From The EAST Line Section 31 Township 20S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3232 GR	

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: **DO BRIDGE PLUGS** ☒

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.

10/10/95 MIRU CHECKED PRESSURE
10/11/95 TESTED CASG BLM WITNESS TEST , TAGGED UP @ 2855'
10/13/95 DO CMT TO 2981' TOP OF CIBP
10/18/95 DO CIBP @ 2980' CLEAN OUT TO 3260'
10/19/95 DRILL OUT TO TOP OF SECOND PLUG @ 3350'
10/21/95 DRILL ON PLUG, PUSHED DOWN TO 4321'
10 23/95 SPOT 1000 GALS 15% NEFE HCL ACROSS PERFS (3496-3624)
3038-3189, 2546-2810)
10/26/95 RETURN WELL TO PRODUCTION

RECEIVED

JAN 18 1996

OIL CON. DIV.

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DIST. 2 DATE 01/15/96

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY Record Mgr TITLE Wrong Form DATE

CONDITIONS OF APPROVAL, IF ANY: