

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 4358 HOUSTON, TX 77210 (713) 431-1024

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1305' FNL AND 1305' FEL, SEC 31-20S-28E

5. Lease Designation and Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

AVALON (DELAWARE) UNIT
515

9. API Well No.

3001526370

10. Field and Pool, or Exploratory Area

AVALON DELAWARE 3715

11. County or Parish, State

EDDY

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

DIG WORKOVER PIT

(Note: Report results of multiple completion on Well Completion or
Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

APPROVAL IS REQUESTED FOR A WORKOVER PIT FOR THE ADU 515 WELL.

THE PIT WILL BE 12' WIDE, 15' LONG AND 6' DEEP. A PLASTIC LINER WILL BE USED TO LINE THE PIT. THE PIT WILL BE COVERED WITHIN 5 DAYS OF CEASING OPERATIONS. THE PIT WILL BE FENCED.

RECEIVED
OCD ARTESIA

14. I hereby certify that the foregoing is true and correct

Signed J. R. Ward Title J. R. Ward Sr. Regulatory Specialist Date 06/04/99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: