

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. 3001528658
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-5115-1
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 222
9. Pool name or Wildcat AVALON DELAWARE 3715
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3299 GR

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 checked="" 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 F : 1665 Feet From The NORTH Line and 1452 Feet From The WEST Line Section 30 Township 20S Range 28E NMPM EDDY County

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.

CHANGE 4 1/2" PRODN. STRING TO INCLUDE 2 JOINTS OF 4 1/2" STEEL PIPE, WEIGHT 11.6#/J-55 TO THE BOTTOM OF THE FIBERGLASS PRODN. STRING. THIS CHANGE WILL PROVIDE AN ACCEPTABLE SEAT FOR A TUBING ANCHOR TO BE SET IF THE WELL IS PRODUCED BEFORE BEING USED FOR INJECTION. EXCEPT FOR THIS CHANGE, PREVIOUSLY APPROVED CSG. PLAN WILL REMAIN THE SAME.

PLEASE EXPEDITE IF POSSIBLE.

RECEIVED

MAR 1 1996

OIL CON. DIV.
DIST. II

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

SIGNATURE Alex M. Correa TITLE Sr. Regulatory Specialist DATE 02/27/96

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE MAR 4 1996

CONDITIONS OF APPROVAL, IF ANY: