

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. <b>3001528658</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>K5115-1</b>
7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>
8. Well No. <b>222</b>
9. Pool name or Wildcat <b>AVALON DELAWARE 3715</b>

SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR REEOPEN 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 <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>F</b> : <b>1665</b> Feet From The <b>NORTH</b> Line and <b>1452</b> Feet From The <b>WEST</b> Line Section <b>30</b> Township <b>20S</b> Range <b>28E</b> NMPM <b>EDDY</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3299 GR</b>	

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.

**03/18/96 TEST 13-3/4" CSGF @ 1500 PSI FOR 30 MIN AND PLUG TAG CMT @ 566' HAD 33 SX CMT TO SURF ON TOPOUT**

**03/20/96 RUN 56 JTS 9-5/8" K-55 36# CSG SET @ 2479 W/380 SX CLASS C AND 480 SX CLASS HLC CMT; TEST CSG TO 1500 PSI FOR 30 MIN TAG CMT @ 2390; TEST CSG TO 1500 PSI. MIKE STUBBLEFIELD W/NMOC D WITNESS CMT JOB.**

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

SIGNATURE Julie H. Mitchell TITLE Staff Office Assistant DATE 03/22/96  
TYPE OR PRINT NAME Julie H. Mitchell (915) 688-7888 TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 1 1996

CONDITIONS OF APPROVAL, IF ANY: