Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

_C/5/_

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 0. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
3001528658

5. Indicate Type of Lease   STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
K5115-1

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.)

7. Lease Name or Unit Agreement Name

AVALON (DELAWARE) UNIT

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   X OTHER **INJECTOR**

2. Name of Operator
EXXON CORPORATION

3. Address of Operator **ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702**

8. Well No.
222W

9. Pool name or Wildcat

AVALON DELAWARE 3715

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

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3312 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: **CORE ANALYSIS** [X]

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.

05/15/96 CORE ANALYSIS ON SUBJECT WELL (ATTACHED)

RECEIVED

MAY 30 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE _____ TITLE **Staff Office Assistant**   DATE **05/23/96**

TYPE OR PRINT NAME **Julie H. Mitchell**   **(915) 688-7888** TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY