

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-28658

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM-01119

7. Lease Name or Unit Agreement Name

Avalon (Delaware) Unit

8. Well No.

222

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"
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:

Oil ☐
Well

Gas ☐
Well

Other

INJECTION WELL

2. Name of Operator

Exxon Mobil Corporation

3. Address of Operator **P.O. Box 4358**

Houston

TX 77210-4358

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**

NMPH

Eddy

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3299 GR

11. 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 ☐

MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **MECHANICAL INTEGRITY** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

05/18/2001 DATE OF TEST

05/18/2001 TUBING CASING

INITIAL 0 540

15 MIN. 0 540

30 MIN. 0 540

THIS IS AN ACTIVE INJECTOR.

5 YEAR TEST.



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

SIGNATURE **Mary L. Dow**

TITLE **Senior Staff Office Assistant**

DATE **06/15/2001**

TYPE OR PRINT NAME **Mary L. Dow**

TELEPHONE NO. **(713) 431-1797**

(This space for State Use)

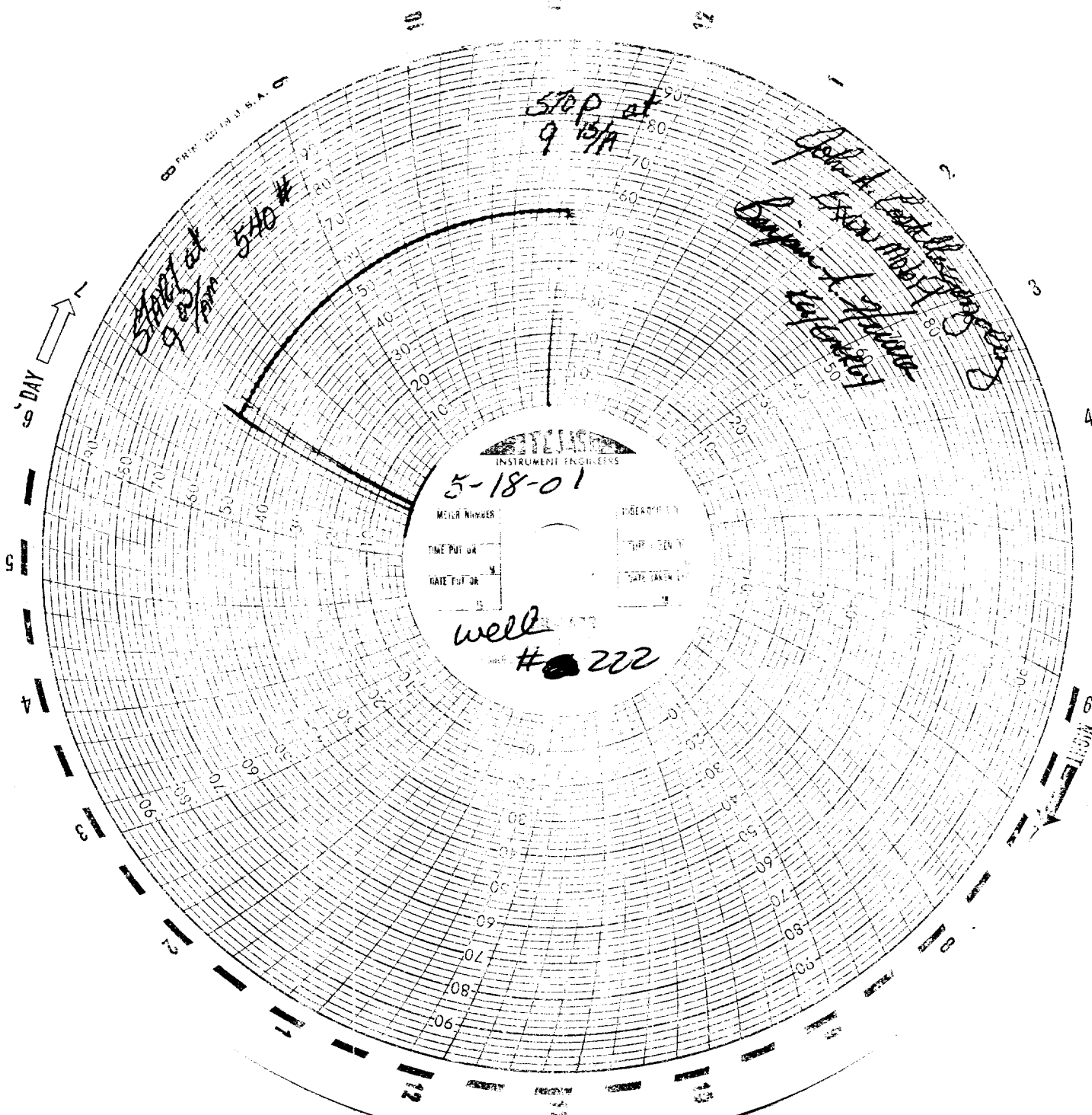
APPROVED BY

Record only

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:



MAY 29 2001

Permits

