

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

cliff

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
3001528659

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
K-6854-2

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 OTHER

8. Well No.
238

2. Name of Operator
EXXON CORPORATION

9. Pool name or Wildcat
AVALON DELAWARE 3715

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

4. Well Location
Unit Letter **K** : **2301** Feet From The **SOUTH** Line and **1485** Feet From The **WEST** Line
Section **30** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3295' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER: **EXTEND C-101 EXPIRATION**

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.

A ONE YEAR EXTENSION IS REQUESTED FOR THE EXPIRATION DATE FOR THE C-101 THAT WAS APPROVED FOR THIS WELL.

APPROVAL VALID FOR _____ DAYS
PERMIT EXPIRES 5-13-97
UNLESS DRILLING UNDERWAY

MAY 15 1996

OIL CONSERVATION DIV.
SANTA FE, N.M.

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 05/13/96

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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 13 1996

CONDITIONS OF APPROVAL, IF ANY: