

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 3001528659 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No. K-6854-2 |
| 7. Lease Name or Unit Agreement Name 2. AVALON (DELAWARE) UNIT |
| 8. Well No. 238 |
| 9. Pool name or Wildcat AVALON DELAWARE 3715 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3295' 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 type="checkbox"/> GAS WELL <input type="checkbox"/> 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 | |
| 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 | |

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: **INJ PACKER MIT TEST** ☒

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.

10/30/96 500# INJECTION PACKER INTEGRITY TEST FOR SUBJECT WELL (CHART IS ATTACHED).

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

SIGNATURE Karen Yarbrough TITLE Sr Staff Office Assistant DATE 11/09/96
TYPE OR PRINT NAME Karen Yarbrough (915) 688-7871 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 15 1996

CONDITIONS OF APPROVAL, IF ANY: