

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>3001528660</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>K-6527-1</b>
7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>
8. Well No. <b>254</b>
9. Pool name or Wildcat <b>AVALON DELAWARE 3715</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/> <b>X OTHER INJECTOR</b>	
2. Name of Operator <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14</b> <b>P. O. BOX 1600</b> <b>MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>N</b> : <b>1152</b> Feet From The <b>SOUTH</b> Line and <b>1489</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>3291' GR</b>	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
**NOTICE OF INTENTION TO:** **SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>AFTER WORKOVER</b> <input checked="" type="checkbox"/>	

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 MECHANICAL INTEGRITY TEST WAS PERFORMED ON 4/10/97 AFTER WORKOVER TO CONFIRM REPAIRS. ORIGINAL CHART IS ATTACHED.**

RECEIVED

APR 30 1997

OIL CONSERVATION  
DIST. II

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 04/29/97  
TYPE OR PRINT NAME Karen Yarbrough (915) 688-7871 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 5/5/97

CONDITIONS OF APPROVAL, IF ANY:



