

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>3001528661</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>K-6854-2</b>
7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>
8. Well No. <b>253W</b>
9. Pool name or Wildcat <b>AVALON DELAWARE 3715</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3267 GR</b>

**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 ☐ GAS ☐ OTHER **INJECTION**

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 **N** : **1046** Feet From The **SOUTH** Line and **2677** 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:**

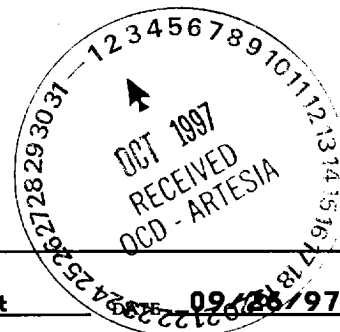
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **CONVERT TO INJECTION** ☒

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.

**05/13/97 MIRU , UNSEAT PUMP, POH W/ RODS AND TUBING**  
**05/14/97 THRU 05/21/97 RIH W/MODEL 80DA40 ANCHOR SEAL ASSEMBLY AND**  
**TEST WELL AND CONVERT TO INJECTION**  
**RAN CASING INTEGRITY TEST ON 05/21/97 WELL TESTED GOOD**



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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant

TYPE OR PRINT NAME **Sharon B. Timlin**

**(915) 688-6166** TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **OCT 20 1997**

CONDITIONS OF APPROVAL, IF ANY: