

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.  
**3001528661**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

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

7. Lease Name or Unit Agreement Name  
**AVALON (DELAWARE) UNIT**

8. Well No.  
**253**

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" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ **X OTHER INJECTOR**

2. Name of Operator  
**EXXON CORPORATION**

3. Address of Operator  
**ATTN: REGULATORY AFFAIRS**  
**P O BOX 4358**  
**HOUSTON, TX 77210**

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  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3267 GR**

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: ☐

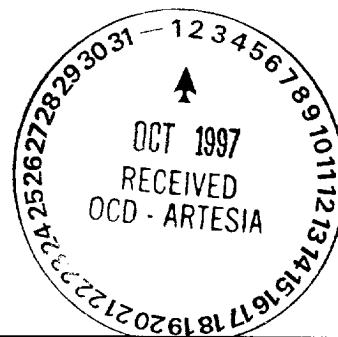
**SUBSEQUENT REPORT OF:**

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

**5/21/97 ATTACHED IS INJECTION PRESSURE MIT TEST (CHART) FOR SUBJECT WELL.**

*Post ID-3  
12-5-97  
prod to WIW*



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 09/25/97  
TYPE OR PRINT NAME **Karen Yarbrough** (713) 431-1022 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: