

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. 3001528662	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. L 324-2	
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT	
8. Well No. 2220 624	
9. Pool name or Wildcat AVALON DELAWARE 3715	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3208' 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 E : 2658 Feet From The SOUTH Line and 1127 Feet From The WEST Line Section 32 Township 20S Range 28E NMPM EDDY County	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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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: SET CSG <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.

11/10/95 RUN 4.5"/5.34# FIBERGLASS LINER

11/11/95 RUN 1559' OF 4.5/5.34# FIBERGLASS LINER SET @ 3847

11/11/95 PUMP 20 BBLS SPACER, 315 SX C CMT; WOC 9 HRS; DO CMT

11/12/95 TEST CSG TO 1000# FOR 30 MIN; FRR

RECEIVED

11/30/95

OIL CON. DIV.
DIST 2

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

SIGNATURE Julie H. Mitchell TITLE Staff Office Assistant DATE 11/13/95
TYPE OR PRINT NAME Julie H. Mitchell (915) 688-7888 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 29 1995

CONDITIONS OF APPROVAL, IF ANY: