

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>3001528662</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>L 324-2</b>
7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>
8. Well No. <b>626X</b>
9. Pool name or Wildcat <b>AVALON DELAWARE 3715</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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER <b>INJECTOR</b>	
2. Name of Operator <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>E</b> : <b>2658</b> Feet From The <b>SOUTH</b> Line and <b>1127</b> Feet From The <b>WEST</b> Line Section <b>32</b> Township <b>20S</b> Range <b>28E</b> NMPM <b>EDDY</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3208' GR.</b>	

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: **CASING PRESSURE 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.

**ATTACHED IS CASING PRESSURE TEST TAKEN 02/15/96.**

**RECEIVED**

**MAR 28 1996**

**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 Selena Nunez TITLE Sr. Office Assistant DATE 03/25/96  
TYPE OR PRINT NAME Selena Q. Nunez (915) 688-7899 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE APR 09 1996

CONDITIONS OF APPROVAL, IF ANY:

OIL CON. DIV.  
DIST. 2

