

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.
3001528663

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L-324-2

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

8. Well No.
2420 642

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 ☐ OTHER ☐

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 **L** : **1333** Feet From The **SOUTH** Line and **1107** Feet From The **WEST** Line
Section **32** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3205' 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: **CHANGE IN CSG. PROGRAM** ☒

SUBSEQUENT REPORT OF:

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

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.

**SUBSTITUTE 16" CSG. AS SHOWN ON C-101 APPROVED 09/26/95 FOR 20" THAT WAS
APPROVED ON SUNDRY NOTICE DATED 10/18/95.**

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 11/07/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

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

APPROVED BY _____ TITLE _____ DATE NOV 21 1995

CONDITIONS OF APPROVAL, IF ANY: