

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>3001528663</b>	
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. State Oil & Gas Lease No. <b>L-324-2</b>	
2. Name of Operator <b>EXXON CORPORATION</b>		7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>		8. Well No. <b>642</b>	
4. Well Location Unit Letter <b>L</b> : <b>1333</b> Feet From The <b>SOUTH</b> Line and <b>1107</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>3205' GR</b>		9. Pool name or Wildcat <b>AVALON DELAWARE 3715</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 TESTS** ☒

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 STRING PRESSURE TEST CONDUCTED 12/15/95 ON THE SUBJECT WELL.**

**NOTE: WELL WAS FORMERLY AVALON (DELAWARE) UNIT 2420.**

RECEIVED

DEC 16 1995

OIL CON. DIV.

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

DIST. 2

DATE 01/16/96

TYPE OR PRINT NAME Julie H. Mitchell

(915) 688-7888 TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Accepted For Record 1/30/96



11-10-13  
OIL WORK DAY  
2017

