

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**

RECEIVED

MAY - 7 1997

**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 ☐ GAS ☐ **X OTHER INJECTION**

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**

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

8. Well No.  
**642**

9. Pool name or Wildcat  
**AVALON DELAWARE 3715**

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: **AFTER WORKOVER** ☒

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.

**MECHANICAL INTEGRITY TESTS WERE PERFORMED ON 4/15/97 AND 4/18/97 AFTER WORKOVER TO CONFIRM REPAIRS. ORIGINAL CHARTS ARE ATTACHED.**

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 05/06/97

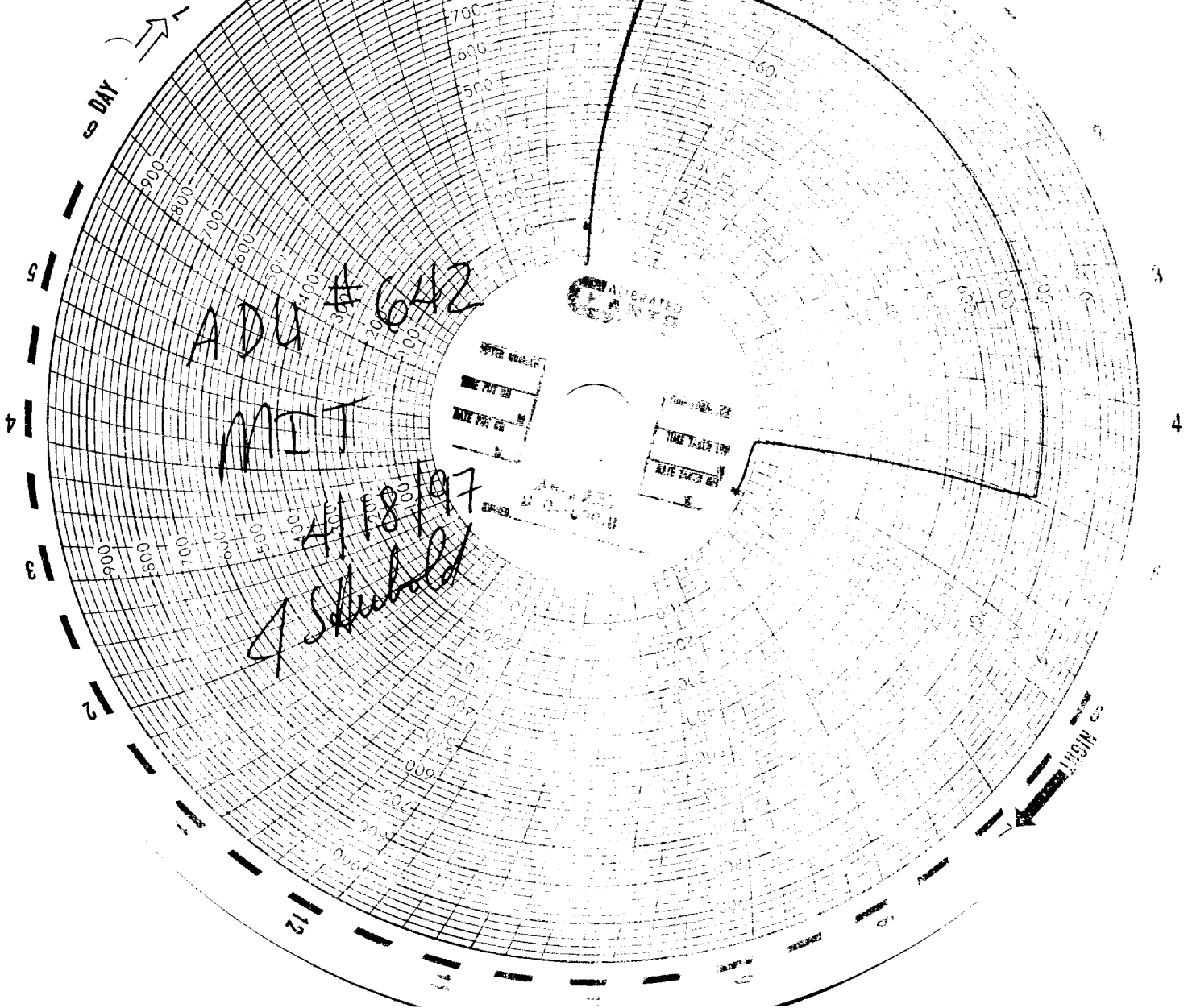
TYPE OR PRINT NAME Karen Yarbrough (915) 688-7871 TELEPHONE NO.

(This space for State Use)

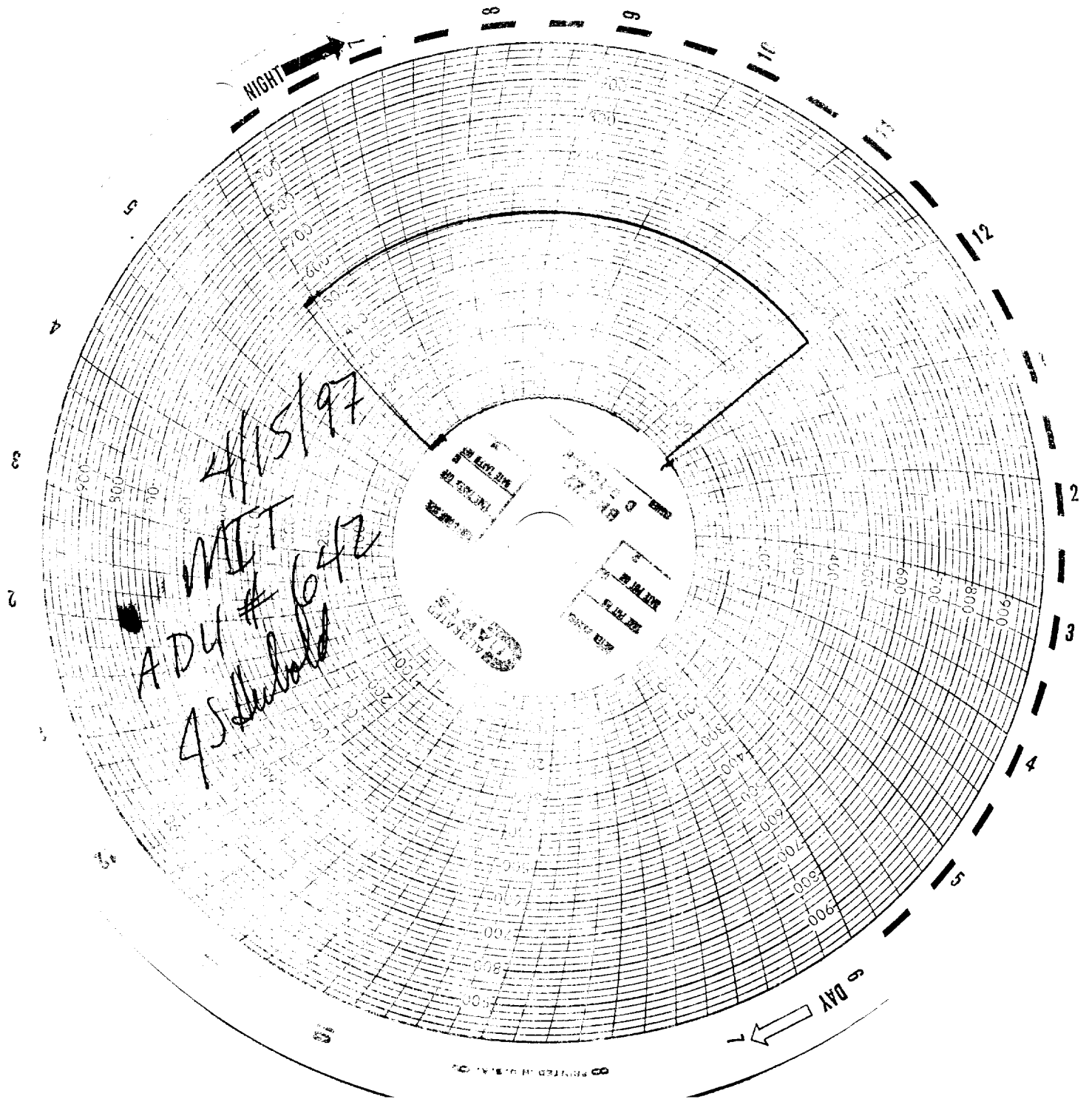
APPROVED BY Jim W. Green B6X TITLE District Supervisor DATE 5-12-97

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.



4-18-97  
H.D. C. #642  
30. min. P.S.  
10.5X



4-15-97  
Test For  
30 mins

A.D.U #642