

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIV
811 S. 1st ST.
ARTESIA, NM 88210-2834
c15F

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EXXON CORPORATION ATTN: REGULATORY AFFAIRS

3. Address and Telephone No.

P. O. BOX 1600 MIDLAND, TX 79702 (915) 688-7888

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1388' FNL & 2750' FWL, SEC 31, T20S, R28E

5. Lease Designation and Serial No.

NMMN 01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

AVALON (DELAWARE) UNIT
2014 520

9. API Well No.

3001500000 30-015-28664

10. Field and Pool, or Exploratory Area

AVALON DELAWARE 3715

11. County or Parish, State

EDDY NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

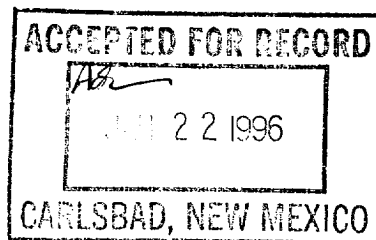
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

BOP TEST

(Note: Report results of multiple completion on Well Completion or
Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

ATTACHED IS BOP TEST FOR THE SUBJECT WELL CONDUCTED 12/05/95.



Part FD-3
2-2-96
chguell #

14. I hereby certify that the foregoing is true and correct

Signed

Julie H. Mitchell

Title

Julie H. Mitchell
Staff Office Assistant

Date 12/08/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

GENERAL INSTRUCTIONS

This form is for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law

and regulations. Any special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

SPECIFIC INSTRUCTIONS

Item 4-If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local or Federal office for specific instructions.

Item 13-Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment;

data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

NOTICE

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160.

PRINCIPAL PURPOSE - The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

ROUTINE USES:

- (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations.
- (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2).
- (3) Analyze future applications to drill or modify operations in light of data obtained and methods used
- (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions

EFFECT OF NOT PROVIDING INFORMATION - Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that:

This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management, (Alternate) Bureau Clearance Officer, (WO-771), 18 and C Streets, N.W., Washington, D.C. 2024, and the Office of Management and Budget, Paperwork Reduction Project (1004-0135), Washington, D.C. 20503.

TERMS: Net Due on Receipt

CUSTOMER: EXXON CO U.S.A. (Upstream Payable) DATE: 12-4-95
 MAILING ADDRESS: P.O. Box 4342 Houston CITY: TEXAS ST: 77210 ZIP: 77250
 WELL NAME & NO.: AVULON # 2014 (NEW MEXICO) RIG: Nabors 468
 CUSTOMER ORDER NO: VENDER NO:

OUT DATE: 12-4-95 TIME: 4:00 AM ☒ PM IN DATE: 12-5-95 TIME: 6:30 AM ☒ PM
 SERVICE REPRESENTATIVE: Gene Mullins UNIT NUMBER: 39-T1 CHART NUMBER: 1

ADD 1 HR FOR TESTER V. VENTERS FOR CALL-OUT/TURN BACK FRI. (Lost CERC)

	Position	Size	Min Held	Low PSI	High PSI	Test No.		Position	Size	Min Held	Low PSI	High PSI	Test No.
Lubricator							Manual Choke						
Rotating Head							Manual Choke						
Casing							Manual Choke						
Pipe Rams							Manual Choke						
Pipe Rams							Hydraulic Choke	C-MAN	2"	10/10	200	1000	4
Pipe Rams							Hydraulic Choke						
Pipe Rams							Hydraulic Choke						
Blind Rams							Hydraulic Choke						
Blind Rams							Stand Pipe						
Annular BOP		3 1/2"	10/10	200	1000	5-7	Mud Lines						
HCR Valve (R. Head)							Upper Kelly Valve	-	1 1/2"	10/10	200	1000	11
HCR Valve Chokeline		4"	10/10	200	1000	6	Lower Kelly Valve	3 1/2"	10/10	200	1000	10	
Inside Vale Chokeline							Floor Valve						
Outside Valve Chokeline							Floor Valve						
Cneck Valve Kill Line		2"	10/10	200	1000	7	Floor Valve	3 1/2"	10/10	200	1000	9	
Outside Valve Kill Man		2"	10/10	200	1000	6	Dart Valve	3 1/2"	10/10	200	1000	8	
Inside Valve Kill Man		2"	10/10	200	1000	5	Dart Valve						
Inside Valve Choke Man		4"	10/10	200	1000	2							
2nd Valves Choke Man		2"	10/10	200	1000	3							
3rd Valves Choke Man		2"	10/10	200	1000	2							
4th Valves Choke Man		2"	10/10	200	1000	1	outside valve C-man	4"	10/10	200	1000	1	
5th Valves Choke Man													
VENT VALVE KLINE		2"	10/10	200	1000	6							
VENT VALVE C-MAN		2"	10/10	200	1000	5							

DEC 06 1995

B.O.P. TESTING
MONAHANS NIPPLE-UP SERVICE

P. O. BOX 1552
MONAHANS, TEXAS 79756
(915) 943-7643

CUSTOMER EXXON CO USA DATE 12-4/5-95
WELL NAME & NO. AVALON #2014
SERVICE REP. Gene Mullins REFER TO INVOICE NO. 10818 T

TEST & LEAKS TEST #1) FROM HCR, 4TH 2" VALVES ON C-MAN, Low 200 PSF
OUTSIDE 4" VALVE ON C-MAN High 1000 PSF
TEST #2) FROM HCR, 3RD 2" VALVES ON C-MAN, Low 200 PSF
INSIDE 4" VALVE ON C-MAN High 1000 PSF
TEST #3) HCR, 2ND 2" VALVES ON C-MAN Low 200 High 1000 PSF
TEST #4) HCR, 2" Hyd. VALVE ON C-MAN Low 200 High 1000 PSF
NO TEST - LEAK IN FLANGE BELOW BOP
TEST #5) 2" VENT VALVE C-MANIFOLD, Low 200 PSF
ANNULAR, 2" INSIDE VALVE ON K-LINE High 1000 PSF
TEST #6) ANNULAR, 4" HCR VALVE C-LINE, Low 200 PSF
2" VENT VALVE K-LINE, 2" OUTSIDE VALVE K-LINE High 1000 PSF
TEST #7) ANNULAR, 2" CHECK VALVE K-LINE Low 200 High 1000 PSF
TEST #8) DART VALVE Low 200 High 1000 PSF
TEST #9) FLOW VALVE Low 200 High 1000 PSF
TEST #10) LOWER KELLY Low 200 High 1000 PSF
TEST #11) UPPER KELLY Low 200 High 1000 PSF