Submit 3 Copies te Appropriate District Office

State of New Mexico Energy nerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

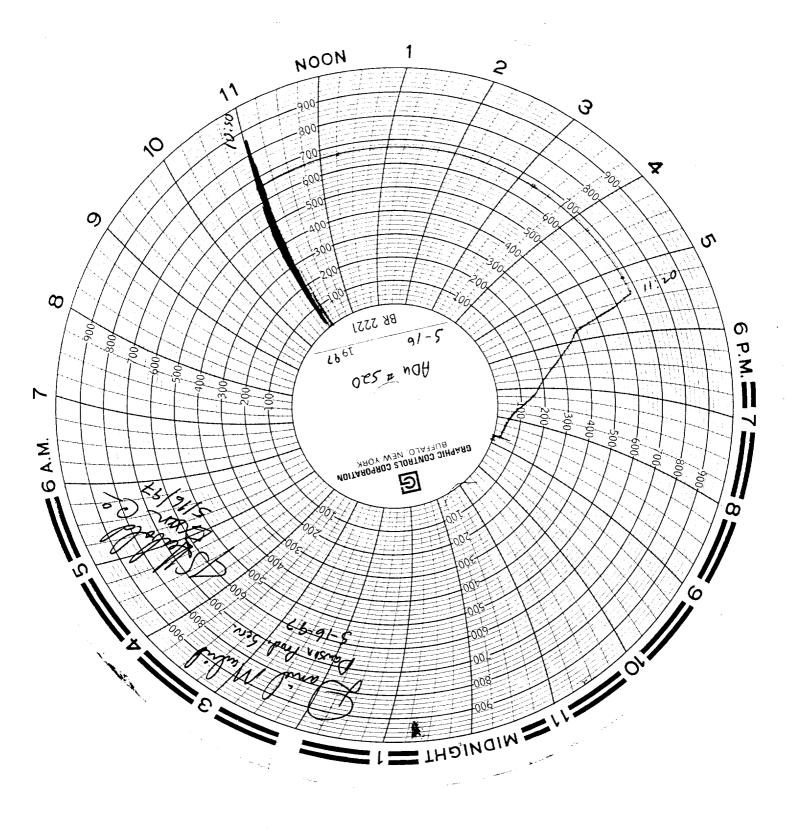
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P 0. Box 2088 Santa Fe, New Mexico 87504-2088

•	Form C-103 Revised 1-1-89					
	WELL API NO. 3001528664					
	5. Indicate Type of Lease STATE FEE					
	6. State Oil & Gas Lease No. NMNM 01119					
	7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT					
	8. Well No. 520					
	9. Pool name or Wildcat AVALON DELAMARE 3715					
	om The WEST Line					
<u> </u>	t EDDY County					
R	eport, or Other Data					
SEQUENT REPORT OF:						
	ALTERING CASING					
	ING OPNS. PLUG & ABANDONMENT					
	CEMENT JOB L					
	g estimated date of starting any proposed RT) FOR SUBJECT WELL.					
	TOR SUBJECT WELL. 123456 123					
	OCT 1997 01					
	RECEIVED NO OCD - ARTESIA					
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	2515026181Tr					
<u>A:</u>	DATE 09/25/97					

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.)	7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT	
1. Type of Well: OIL GAS WELL XOTHER INJECTION	AVALUAT (BELANARE) UNII	
2. Name of Operator EXXON CORPORATION	8. Well No. 520	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14	9. Pool name or Wildcat	
P. O. BOX 4358 HOUSTON, TX 77210 4. Well Location	AVALON DELAMARE 3715	
Unit Letter C: 1388 Feet From The NORTH Line and 2750 Fee	et From TheWESTLine	
Section 31 Township 20S Range 28E NA	APM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3253 KB, 3252 DF		
Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data	
NOTICE OF MITTHEWS	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	FILLOW C	
PULL OR ALTER CASING CASING TEST AN	ND CEMENT IOR	
!	TION PACKER MIT TEST X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include the SEE DAY S. 1992		
work) SEE RULE 1103.		
ATTACHED IS 500# INJECTION PRESSURE MIT TEST (CH	TART) FOR SUBJECT WELL. 123456 12346 123456 123456 123456 123456 123456 123456 123456 123456	
	A 000	
	27 OUT 1997	
	୍ଦିର RECEIVED ର ୍ଦିର OCD - ARTESIA ଅ	
	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
	2026181Trayes	
I hereby certify that the information above is true and coorplete to the best of my knowledge and belief.		
SIGNATURE THE ST Staff Office	Assistant DATE 09/25/97	
TYPE OR PRINT NAME Karen Yarbrough (7	13) 431-1022TELEPHONE NO.	
(This space for State Use)		
APPROVED BYTITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	Date	





AVALON (DELAWARE) UNIT CASING INTEGRITY TEST Casing/Tubing Annulus

Requirements:	demonstrate casing integr	not met, the test must b rity by testing for depths ed using a chart recorde	ximum pressure drop of 10%. be rerun. The well must above the top of the unitized r. (Failed test must also be			
Company Name:	EXXON CO. USA	Date:	May 11 1007			
Well Name & No.:	_ ADU 520	Date API#	May 16, 1997			
Lease No: <u>0277</u>	27 Field N		0			
County: <u>Eddy</u>						
Well Type: SWD ProducerOther (Specify)						
Type of Packer: _			BTD: 3475			
Packer Setting De	pth:	ft)				
Perforation Interva		to	RECEIVED			
Surface Casing:	Size	Depth	(ft) SWDV MIDLAND			
Long String Casin	g: Size	Depth	(ft)			
Test Pressure (PSIG):						
Time (minutes)	<u>Tubing</u>	<u>Casing</u>	<u>Surface/</u>			
Initial		475#	Intermediate Casing			
15 Minutes	0	675#				
30 Minutes	0	675 #				
45 Minutes 60 Minutes						
Test Conducted By: Test Inspected By: Others Present (Name/Affiliation) Danie Madrid - Dawson Prod. Se John Steven Herbold Exxon Co. USA						
Please Return Comple	ted form to Pablo Sanche:	z, SS Engineer-Midland	d, ML65			

05/09/96

