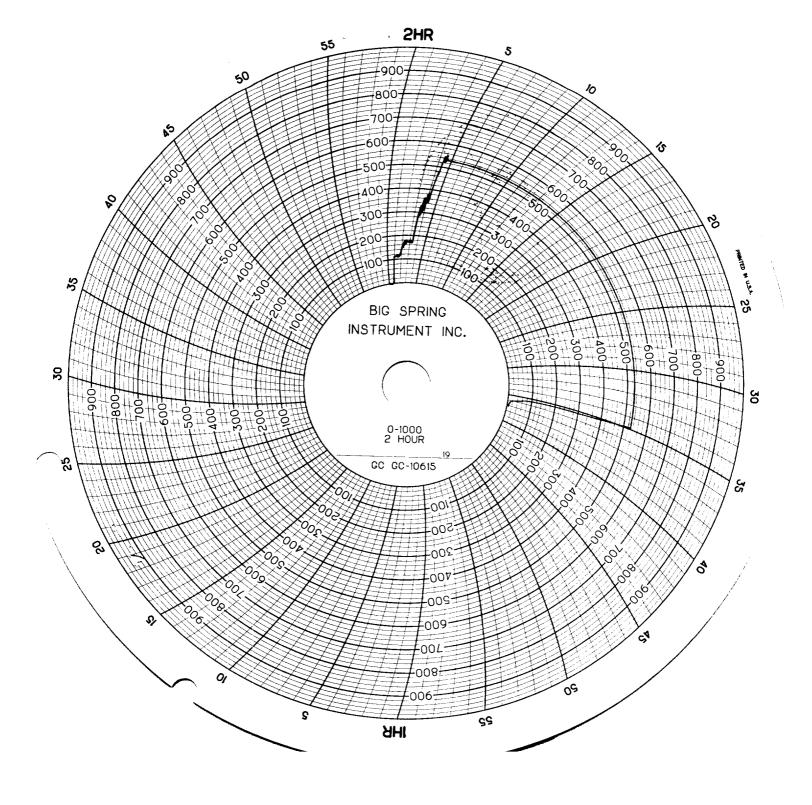
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	OIL CONSER	VATION	N DIVISION	WELL API NO.	Revised	March 2:	<u>5, 1999</u>
DISTRICT II 811 South First, Artesia NM 88210 P.O. Box 2088				30-015-28665			
DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410				5. Indicate Type of I	Lease STATE	FEE [	٦
DISTRICT IV 2040 South Pacheco, Sante Fe, NM 87505				6. State Oil & Gas Lease No. NMNM-01119			
SUNDRY N (DO NOT USE THIS FORM FOR	///////////////////////////////////////	///////	////	7777			
DIFFERENT RE (FOI	7. Lease Name or Unit Agreement Name Avalon (Delaware) Unit						
1. Type of Well: Oil Substituting Gas Well Other  Gas Other							
2. Name of Operator Exxon Mobil	8. Well No. <b>516</b>						
3. Address of Operator P.O. Box 43	0.4250	9. Pool name or Wile			_		
Houston 4. Well Location	0-4358	Avalon; Delaware	3715				
Unit Letter : 13	Feet From The N	L	Line and 97	Feet From The 1	el		_ Line
Section 31	Township 20S		Range 28E	<b>МРН</b>	Eddy	Co	unty
	10. Elevation 3245KB	(Show whether	DR, RKB, RT, GR, etc.)				
11.Check	Appropriate Box to	o Indicate	Nature of Notice, R	eport, or Other	Data		
NOTICE OF I	SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK $\square$ PLUG AND ABANDON $\square$			REMEDIAL WORK   ALTERING CASING				
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐			COMMENCE DRILLIN	IG OPNS. DP	LUG & ABAN	DONME	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CI	_			_
OTHER:			OTHER: MECHANICAL INTEGRITY			$\boxtimes$	
12. Describe proposed or completed oper work) SEE RULE 1103. (For Multi) WELL WAS CONVERTED FR 07/09/2001 DATE OF TEST 07/09/2001 TUBING CASIN	OM PRODUCER TO			ing estimated date of stompletion)	arting any propos	ed	
INITIAL 0 550	10				421216		
15 MIN. 0 550				6	1011121314	1516	
30 MIN. 0 550 THIS IS AN ACTIVE INJECTO BAKER MODEL "D' SET @ 22				123456	SEP MO OCD - ARIES		19202125
WFX-772				/8/	OE 65 87 17 81	30.80	,
I hereby certify that the information above is true and co	mplete to the best of my knowledge						
signature II (My 5.	Now	TITLE Se	enior Staff Office Assis	tant	DATE 09/10/	<u>′2001</u>	
TYPE OR PRINT NAME Mary L. Dow				TELEPHONE	NO. (713) 431-	1797	
(This space for State Use)	y-	TITLE	Compliance Of	Hicer		13-0	 >]
conditions of approval if My: WFX on WZY	from Souta	fe.	,				







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