Submit 3 Copies to Appropriate District Office	State of New Mer Energy, Minerals and Natural Re		· •	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs. NM 88240	OIL CONSERVATION DIVISION P 0. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe New Moxico 87504-2088		3001528666 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 6. State Oil & Gas Lease No. NMNM 01119	FEE
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" (PORMC-101) FOR SUCH PROPOSALS.)			7. Lesse Name or Unit Agreement Name AVALON (DELAHARE) UNIT	
1. Type of Well: OIL	OTHER			
2. Name of Operator EXXON CORPORATION			570	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702			9. Pool name or Wildcat	
MIDLAND, TX 79702 AVALON DELAMARE 3715				
Unit Letter G : 2564 Feet From The NORTH Line and 1377 Feet From The EAST Line				
Section 31 To	ownship 20S Range 2		4 EDDY	County
	10. Elevation (Show whether L 3233 GR	OF, RKB. RT. GR. etc.;		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERI	ing casing
TEMPORARILY ABANDON			ING OPNS. PILUG A	SONMENT
PULL OR ALTER CASING	CASING TEST AND		CEMENDIE CEIVED -	
OTHER USE WTR. FROM	HER: USE WTR. FROM RESERVE PIT X OTHER:		ni – o – c	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including entimated date of states and proposed work) SEE RULE 1103.				
AUTHORIZATION IS REQUESTED TO USE APPROX. 10000 BBLS. OF WATER FROM THE RESERVE PIT FOR WELL # 570 (ORIGINALY #2216) FOR ROAD COLSTRUCTION PARTY. MAINTENANCE ON STATE LAND IN SEC. 30, T20S, R28E, EDDY CO. DIST. 2				
WATER SAMPLE ANALYSIS IS ATTACHED.				
PLAT OF ROADS IN SEC. 30 IS AT RECEIVED BY BY JAN 25 1996				
OIL CON. MINCONSERVATION CON				
(D) 057 (D)				
i hereby certify that the information above Signature	Corred TITLE	Sr. Regulatory S	pecialist DATE C	11/24/96
TYPE OR PRINT NAME ALEX M. COPPER (915) 688-6782 TELEPHONE NO.				
(This space for State Use)				
	H Man My		DATE	
CONDITIONS OF APPROVAL. IF ANY:				
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