

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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. <b>3001528666</b>	
5. Indicate Type of Lease <b>Fed X</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>NMNM 01119</b>	
7. Lease Name or Unit Agreement Name <b>AVALON (DELAWARE) UNIT</b>	
8. Well No. <b>570</b>	
9. Pool name or Wildcat <b>AVALON DELAWARE 3715</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <b>X OTHER INJECTION</b>	
2. Name of Operator <b>EXXON CORPORATION</b>	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS ML#14</b> <b>P. O. BOX 1600</b> <b>MIDLAND, TX 79702</b>	
4. Well Location Unit Letter <b>G</b> : <b>2564</b> Feet From The <b>NORTH</b> Line and <b>1377</b> Feet From The <b>EAST</b> Line Section <b>31</b> Township <b>20S</b> Range <b>28E</b> NMPM <b>EDDY</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3233 GR</b>	

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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **CASING INTEGRITY TEST/CHART** ☒

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.

**02/16/96 1000# CASING INTEGRITY CHART (ATTACHED) AFTER CMT DRILLOUT.**

**RECEIVED**

**MAR 14 1996**

**OIL CON. DIV.**  
**DIST. 2**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Julie H. Mitchell* TITLE Staff Office Assistant DATE 03/12/96

TYPE OR PRINT NAME Julie H. Mitchell (915) 688-7888 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*For record only*