

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

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

WELL API NO.
30-015-28667

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.
533

9. Pool name or Wildcat
Avalon; Delaware 3715

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"
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☐ **INJECTION WELL**

2. Name of Operator
Exxon Mobil Corporation

3. Address of Operator **P.O. Box 4358**
Houston TX 77210-4358

4. Well Location
Unit Letter **I** ; **2517** Feet From The **SOUTH** Line and **78** Feet From The **EAST** Line
Section **31** Township **20S** Range **28E** NMPH **Eddy** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: MECHANICAL INTEGRITY <input checked="" type="checkbox"/>

OTHER: _____

OTHER: **MECHANICAL INTEGRITY** ☒

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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

05/18/2001 DATE OF TEST

	TUBING	CASING
INITIAL	0	640
15 MIN.	0	640
30 MIN.	0	640

THIS IS AN ACTIVE INJECTOR.
5 YEAR TEST.



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

SIGNATURE Mary L. Dow TITLE **Senior Staff Office Assistant** DATE **06/15/2001**
TYPE OR PRINT NAME **Mary L. Dow** TELEPHONE NO. **(713) 431-1797**

(This space for State Use)

APPROVED BY Record only TITLE _____ DATE **6-19-01**

CONDITIONS OF APPROVAL IF ANY:

PRINTED IN U.S.A.

stop at
10 23 AM

about 60
10 35 AM

10 35 AM
10 40 AM
10 45 AM
10 50 AM
10 55 AM
11 00 AM
11 05 AM
11 10 AM
11 15 AM
11 20 AM
11 25 AM
11 30 AM
11 35 AM
11 40 AM
11 45 AM
11 50 AM
11 55 AM
12 00 PM

TEJAS
INSTRUMENT ENGINEERS
5-18-01

METER NUMBER
TIME PUT ON
DATE PUT ON

TIME & BRIF SIZE
TIME TAKEN OFF
DATE TAKEN OFF

well R-4638
80-100-8
SIGNED #533

DAY

NIGHT

Permits
MAY 29 2001

