Submit 3 Copies to Appropriate District Office

(This space for State Use)

CONDITIONS OF APPROVAL IF ANY:

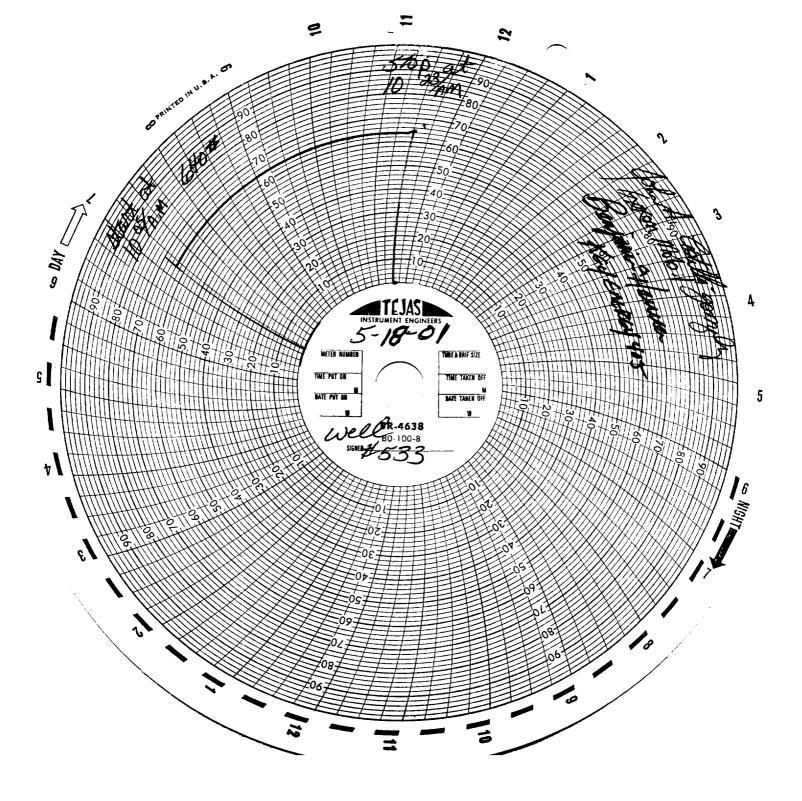
APPROVED BY

State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103

Revised March 25, 1999 DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. DISTRICT II 30-015-28667 P.O. Box 2088 811 South First, Artesia NM 88210 5. Indicate Type of Lease **DISTRICT III** Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🖾 **DISTRICT IV** 2040 South Pacheco, Sante Fe, NM 87505 6. State Oil & Gas Lease No. NMNM-01119 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS) Avalon (Delaware) Unit 1. Type of Well: **INJECTION WELL** well Well Other 2. Name of Operator 8. Well No. **Exxon Mobil Corporation** 533 3. Address of Operator P.O. Box 4358 9. Pool name or Wildcat Houston Avalon; Delaware 3715 TX 77210-4358 4. Well Location Line and 78 Feet From The SOUTH Unit Letter Feet From The EAST Line Section 31 Range 28E Township 20S **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 ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING **MULTIPLE** CASING TEST AND CEMENT JOB $\,\sqcup\,$ COMPLETION OTHER: MECHANICAL INTEGRITY X OTHER: 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 05/18/2001 **TUBING** CASING INITIAL 640 0 15 MIN. 0 640 30 MIN. O THIS IS AN ACTIVE INJECTOR. 5 YEAR TEST. TITLE Senior Staff Office Assistant DATE 06/15/2001 TELEPHONE NO. (713) 431-1797 TYPE OR PRINT NAME



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