

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. 3001528677
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NMNM 01119
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 505
9. Pool name or Wildcat AVALON DELAWARE 3715
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3270' KB

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" (FORMC-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P.O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter C : 123 Feet From The NORTH Line and 2673 Feet From The EAST Line Section 31 Township 20S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3270' KB	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CONVERT TO INJECTOR** ☒

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.

03/05/97 MIRU POH W/ RODS AND PUMP, ND WH AND NU BOP, TEST PACKER
03/06/97 RIH W/ KBH-22 ANCHOR SEAL ASSEMBLY AND(SET @ 2308') TBG.
03/07/97 WELL SHUT IN WAITING ON TIE TO WATER SYSTEM
04/10/97 RAN PACKER LEAKAGE TEST -TESTED OK
04/13/97 BEGAN INJECTION

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

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 04/28/97

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE MAY 5 1997

CONDITIONS OF APPROVAL, IF ANY: