

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. 3001528910
5. Indicate Type of Lease Federal <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM 01119
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 523
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" (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 P. O. BOX 4358 HOUSTON, TX 77210	
4. Well Location Unit Letter E : 1336 Feet From The NORTH Line and 1314 Feet From The WEST Line Section 31 Township 20S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3285'	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

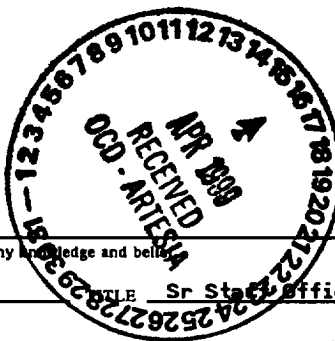
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CONVERTED 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.

1/27/99 PULLED OUT OF HOLE LAYING DOWN 2 3/8 TUBING (118 JTS) PULLED UP AND RAN IN HOLE WITH BAKER SEAL ASSEMBLY AND 72 JTS OF 2 3/8 PLASTIC COATED TUBING, SPACE TUBING OUT AND LATCH INTO LINE HANGER, PUMP PKR FLUID.
3/2/99 RAN MIT FIRST TEST PRIOR TO INJECTION WELL IS SHUT-IN. WAITING ON INJ. LINE INSTALLATION.
3/13/99 START INJECTION.



Post ID-3
4-23-99
pred to WTW

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Mary L. Dow TITLE Sr Staff Office Assistant DATE 04/15/99
TYPE OR PRINT NAME **Mary L. Dow** (713) 431-1232 TELEPHONE NO.

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE 4-19-99

CONDITIONS OF APPROVAL, IF ANY:

