

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>3001528910</b>
5. Indicate Type of Lease FEDERAL <input type="checkbox"/> 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>523</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 <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> XOTHER <b>INJECTOR</b>	
2. Name of Operator <b>EXXON CORPORATION</b> ✓	
3. Address of Operator <b>ATTN: REGULATORY AFFAIRS</b> <b>P. O. BOX 4358</b> <b>HOUSTON, TX 77210</b>	
4. Well Location Unit Letter <b>E</b> : <b>1336</b> Feet From The <b>NORTH</b> Line and <b>1314</b> Feet From The <b>WEST</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>3285'</b>	

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.

**3/2/99 DATE MIT WAS TESTED. FIRST TEST PRIOR TO INJECTION  
WELL IS SHUT-IN. WAITING ON INJ. LINE INSTALLATION**

**3/2/99 TEST PRESSURE 500 PSIG**  
**3/2/99 CASING SURFACE CASING**  
INITIAL 500 0  
15 MIN 500 0  
30 MIN 500 0

**3/2/99 PACKER SETTIN DEPTH 2272'**



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 04/14/99

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:

