Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

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| BUREAU OF LAND MANAGEMENT | | | | 5. Lease Serial No NM- 01119 | | |
|--|----------------------------|--------------------------------|---|--|-----|--|
| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE – Other Instructions on page 2. | | | | 6. If Indian, Allottee or Tribe Name 7. If Unit of CA/Agreement, Name and/or No. | | |
| | | | | | | |
| Other Water Source Well | | | AVALON (DELA | AVALON (DELAWARE) UNIT 562 | | |
| 2. Name of Operator EXXON MOBIL OIL CORPORATION | | | | 9. API Well No. 30-015-24377 | | |
| P O Box 4358, CORP-MI-0203, HOUSTON, TX 77210-4358 281-654-19: | | 3b Phone No. (include area cod | | or Exploratory Area | | |
| | | 281-654-1926 | AVALON; DELAWARE 3715 11. Country or Parish, State | | | |
| Location of Well (Footage, Sec., T.,R,M., or Survey Description) FSL 1980 FEL SECTION 31 T20S R28E | | | EDDY, NM | | | |
| · 12. CHEC | CK THE APPROPRIATE BO | X(ES) TO INDICATE NATURE | OF NOTICE, REPORT OR C | THER DATA | | |
| TYPE OF SUBMISSION TYPE OF ACT | | | | | , | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture Treat | Production (Start/Resume | Water Shut-Off Well Integrity | | |
| <u> </u> | Casing Repair | New Construction | Recomplete | Other | | |
| ✓ Subsequent Report | Change Plans | Plug and Abandon | Temporarily Abandon | | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | | | |
| determined that the site is ready for This is a water source well. Work well is to notify BLM that this well well well well well well well wel | as done to repair a casing | • | ACCEPTED /s/ Myle | FOR RECORD Saking of the same | | |
| , | • | | * | anz | | |
| | , | | | , • | | |
| 4. I hereby certify that the foregoing is to Name (Printed/Typed) Mark Del Pico Signature | fue and correct. | Title Staff Rec | ulatory Specialist | | , | |
| | THIS SPACE | FOR FEDERAL OR STA | ATE OFFICE USE | . , | | |
| Approved by | | Title | | Date | | |
| Conditions of approval, if any, are attached | | | | | • . | |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

entitle the applicant to conduct operations thereon.