

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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 reverse side

RECEIVED

JUN 21 2004

OCD-ARTESIA

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Exxon Mobil Corporation

3a. Address **P.O. Box 4358**

Houston

TX 77210-4358

3b. Phone No. (include area code)

(713) 431-1792

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 660' FEL sec 31, T 20S, R 28E (SESE)

5. Lease Serial No.

NM-01119

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Avalon (Delaware) Unit

549

9. API Well No.

30-015-24378

10. Field and Pool, or Exploratory Area

Avalon; Delaware 3715

11. County or Parish, State

Eddy

NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

An extension of TA approval is requested. The well still has potential as either a producer or water source well. Attached is test dated 3/31/2004.

Accepted for record - NMOCD

TA APPROVED FOR 2 MONTH PERIOD
ENDING 3/31/05

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Dolores O. Howard

Title

Sr. Regulatory Specialist

Signature

D. O. Howard

Date

04/19/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

/s/ Joe G. Lara

Title

Petroleum Engineer

Date

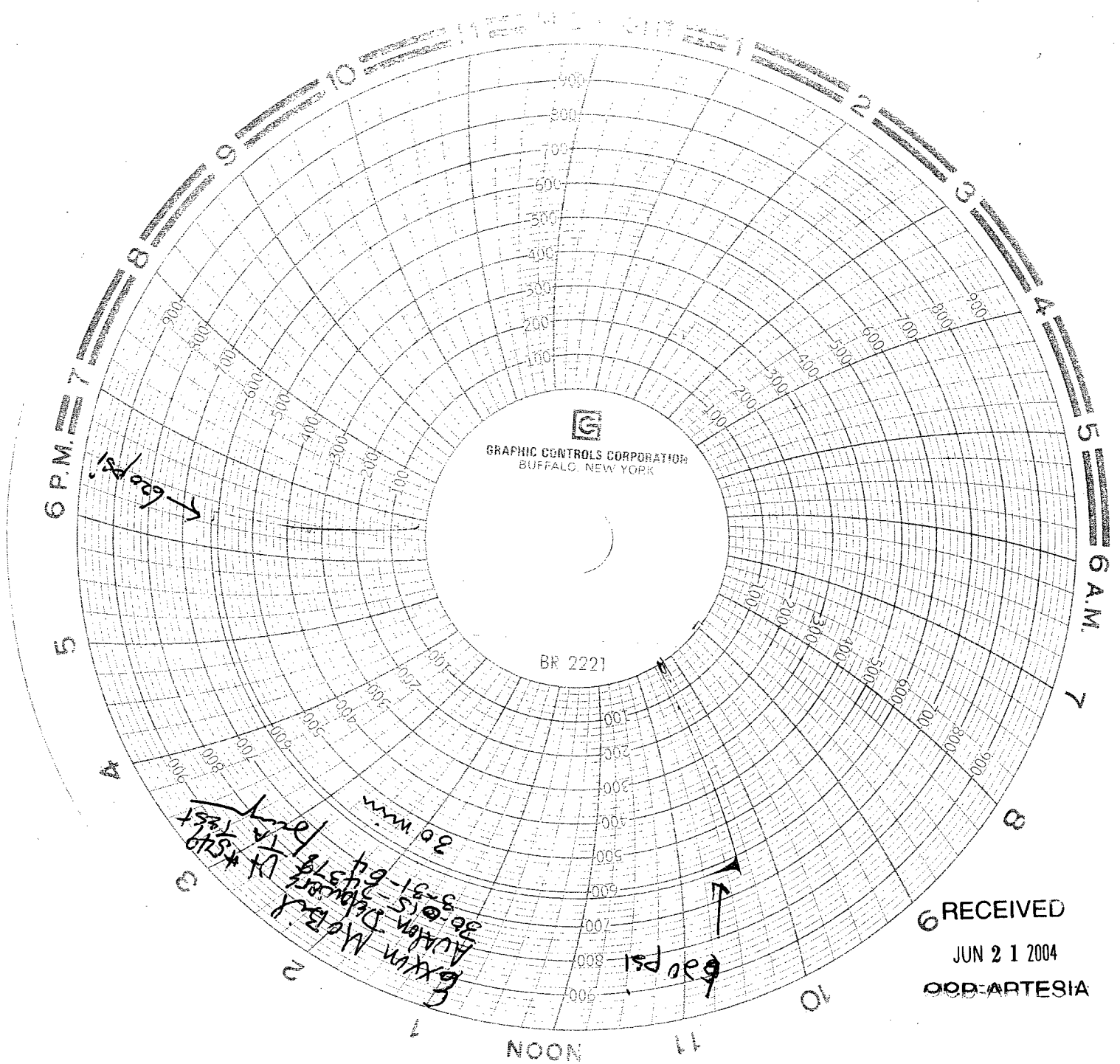
JUN 17 2004

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

CARLSBAD FIELD OFFICE

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.



U.S. West
Injection / Disposal Test Results
Russell / Seminole / New Mexico Areas

(please print clearly)

1. Lease Name & Well Number: ASU Well # 549
2. Date & Time Of Test: 3-31-04
3. A. Was Test Witnessed by Agency Official: (Yes) or No
(Circle all below that pertain)
B. If Yes Test Witnessed by: T.R.R.C. N.M.O.C.D. & / OR B.L.M.
C. If Yes, Name of Rep(s): Harry Eugene

4. Test Pressure (psig): _____

Permits

APR 19 2004

Time	Tubing	Production Casing	Intermediate Casing	Surface Casing
Initial				
15 Minutes				
30 Minutes		✓		

5. A. Packer Type: _____
B. Packer Setting Depth: _____

6. Has Injection Interval Changed AFTER Workover: (please circle one) Yes No
From: _____
To: _____

7. Reason For Test: A. After Workover
B. First Test Prior to Injection (ie., conversion, drillwell)
(please circle on letter) C. Annual Permit Requires
D. 5 Year Test Required
E. Other: _____

8. Well Status: Active (please circle one) Shut-In T/A'd

9. Comments: _____

10. Name of Person(s) Conducting Test: Steve Joe Hale
(please print name)

(signature of person(s) conducting test)