

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

OIL CONSERVATION DIVISION
P O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 3001524748
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-4861
7. Lease Name or Unit Agreement Name AVALON (DELAWARE) UNIT
8. Well No. 464
Pool name or Wildcat AVALON DELAWARE 3715
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3227' GR

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 GAS WELL OTHER

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 **P** : **660** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line
Section **36** Township **20S** Range **27E** NMPM **EDDY** County

RECEIVED
MAY - 6 1997
OIL CON. DIV
DIST. 2

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER: **TEMPORARILY ABANDON**
- ALTERING CASING
- PLUG & ABANDONMENT

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.

**4/21,22/97 PULL RODS & TBG.
4/23 SET CIBP @ 4317' W/ 35' CMT. ON TOP
4/24 PRESSURE TEST TO 720 PSI FOR 30 MIN. W/ LESS THAN A 10% PSI LOSS;
FILL WELLBORE W/ CORROSION INHIBITOR; TA WELL.**

TA STATUS IS REQUESTED FOR 5 YRS.

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

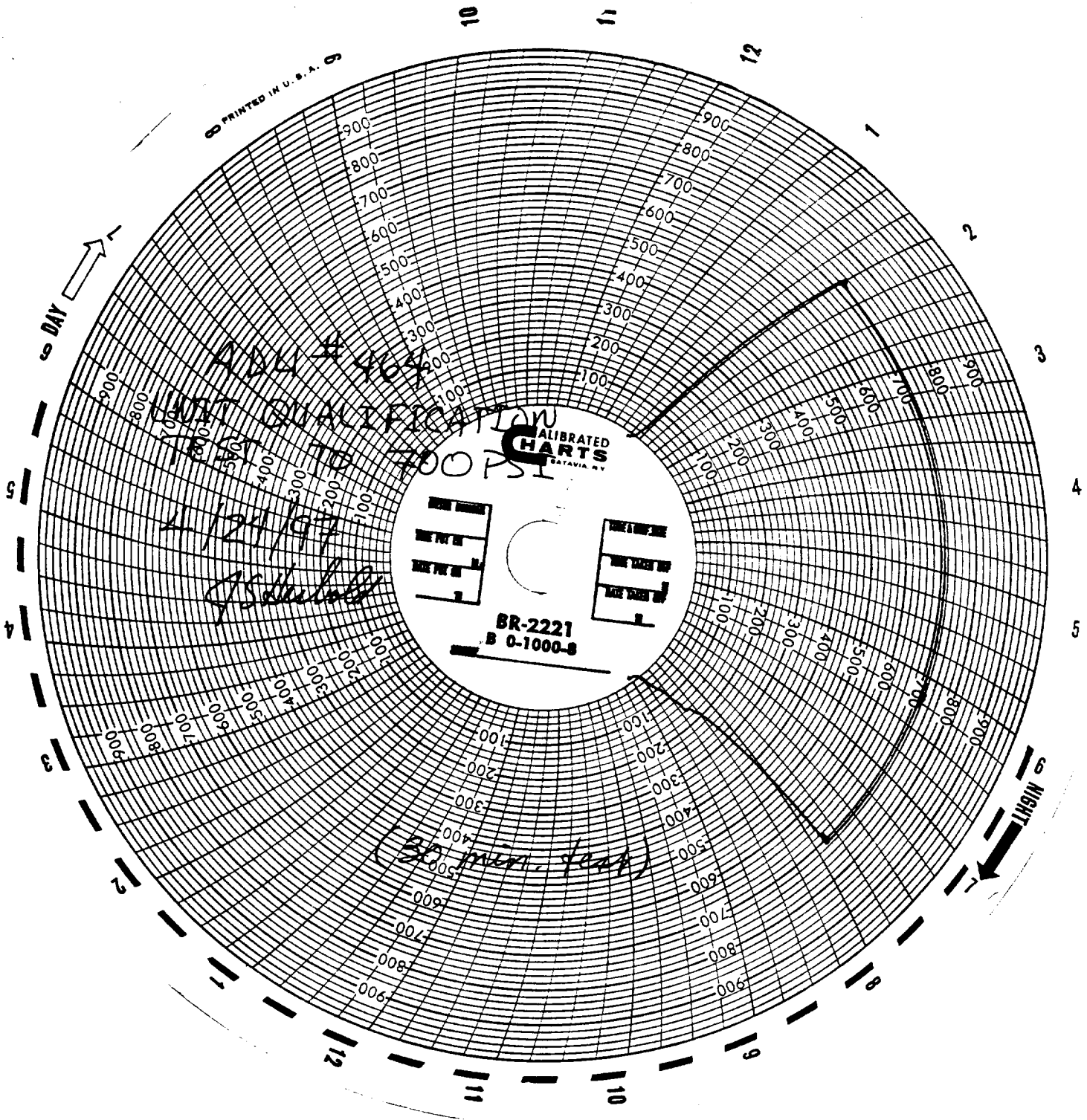
SIGNATURE Alex M. Correa TITLE Sr. Regulatory Specialist DATE 05/05/97

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)
APPROVED BY [Signature] TITLE _____ DATE 5/12/97

CONDITIONS OF APPROVAL, IF ANY:
This Approval of Temporary Abandonment Expires 5/2/02

PRINTED IN U.S.A.



This Approval of Temporary Abandonment Expires 5/2002