

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**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.**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **Exxon Mobil Oil Corporation**

3a. Address  
**P.O. Box 4358, Houston, TX 77210-4358**

3b. Phone No. (include area code)  
**281-654-1936**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**660' FSL & 660' FWL, SEC 31, T20S, R28E**

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 556**

9. API Well No.  
**30-015-24379**

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 checked="" 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 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 checked="" type="checkbox"/> Other <b>RENEW CURRENT</b> |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | <b>TA STATUS</b>   |
|  | <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 the proposal is to deepen directionally or recomplete 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 recompletion 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.)

(Previously, this well was the Yates C Federal No. 15)

Please renew the current TA status for this well. This well will be needed in the future for a possible secondary and tertiary recovery project.

Last MIT was dated 5/28/04. A copy of the chart is attached.

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

**Tiffany Stebbins**

Title **Staff Office Assistant**

Signature

*Tiffany Stebbins*

Date

*7-06-05*

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

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.

Title

Date

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.

(Instructions on page 2)

Accepted for record - NMOCB

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

(please print clearly)

1. Lease Name & Well Number: ADU #556

2. Date & Time Of Test: 5-28-04

3. A. Was Test Witnessed by Agency Official: (Circle all below that pertain)  
Yes or No

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): \_\_\_\_\_

4. Test Pressure (psig): \_\_\_\_\_

| Time       | Tubing | Production Casing | Intermediate Casing | Surface Casing |
|------------|--------|-------------------|---------------------|----------------|
| Initial    |        |                   |                     |                |
| 15 Minutes |        |                   |                     |                |
| 30 Minutes |        | X                 |                     |                |

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: (please circle on letter)  
A. After Workover  
B. First Test Prior to Injection (ie., conversion, drillwell)  
C. Annual Permit Requires  
D. 5 Year Test Required  
E. Other: MIT for Exxon Mobil

8. Well Status: Active (please circle one) Shut-In TIA'd

9. Comments: start 9<sup>45</sup> A.M at 615 #  
finish 10<sup>15</sup> A.M at 610 #

10. Name of Person(s) Conducting Test: John A. Castillo-gonzalez  
(please print name)  
John A. Castillo-gonzalez  
(signature of person(s) conducting test)

Exxon Mobil  
John A Costilla-Gonzalez  
Key Eng 894  
Cory A. Elmore

5-28-04  
Well # 556

