Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-010728

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
—

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—" for such proposals.)

CHANGE OPERATOR NAME FROM HUMBLE OIL & REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973

1. OIL WELL ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME
—

2. NAME OF OPERATOR
Humble Oil & Refg Co

8. FARM OR LEASE NAME
Empire Abo - Federal

3. ADDRESS OF OPERATOR
Box 1600 - Midland Texas 79701

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980 FSL, 660 FEL

10. FIELD AND POOL, OR WILDCAT
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
31, T18S R27E

14. PERMIT NO.
—

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
—

12. COUNTY OR PARISH
Eddy

13. STATE
N. Mex

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

2-9-70 MIRU. Acidize perfs from 6159-6175' down Csg w/ 2000 gal Reg. 15% NE acid. @ 1 BPM. Max 550 psi, ISIP 400 psi. Vac after 5 min. Rerun prod. equip. and return well to prod. Status. Well prod 115 Bbl prior and 159 Bbl after treatment.

RECEIVED
FEB 20 1970
O. C. C.
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Unit Head DATE 2/17/70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
FEB 19 1970
Date

[signature]
ACTING District Engineer

*See Instructions on Reverse Side