

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE  
(Other Instructions on reverse side)

Form Approved  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.  
HM 031106 Ser No 23121  
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.)

*Copy to*

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Humble Oil &amp; Refining Company</u>		8. FARM OR LEASE NAME <u>Chalk Bluff Draw Unit (A)</u>
3. ADDRESS OF OPERATOR <u>Box 1600, Midland, Texas</u>		9. WELL NO. <u>22</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1650' from the south line and 330' from the east line of Section 8, T-18-S, R-27-E</u>		10. FIELD AND POOL, OR WILDCAT <u>Empire Abo</u>
14. PERMIT NO. <u>--</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 8, T-18-S, R-27-E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3483' DF &amp; 3473' Gr.</u>		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>New Mexico</u>

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Install Pumping Equipment</u> <input checked="" type="checkbox"/>	

(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.)\*

Installed pumping equipment and placed well on pump.

RECEIVED

MAY 13 1968

D. C. C.  
ARTESIA OFFICE

RECEIVED

MAY 10 1968

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED R. L. Berry TITLE Unit Head DATE 5-8-68

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
MAY 10 1968  
R. L. BERRYMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side