Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

Copy to

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.
~~NM 031103 Ser No 2310~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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1.
OIL WELL ☒   GAS WELL ☐   OTHER

2. NAME OF OPERATOR
~~Humble Oil & Refining Company~~

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

3. ADDRESS OF OPERATOR
Box 1600, Midland, Texas 79701

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

330' from the south line and 990' from the west line of
Section 9, T-18-S, R-27-E

7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Chalk Bluff Draw Unit (A)

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-18-S, R-27-E

14. PERMIT NO.
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15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3524' DF & 3514' Gr

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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) Install pumping equipment	☒
(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.) *

Installed pumping equipment and placed well on pump.

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:

*See Instructions on Reverse Side