ARTESIA OFFICE COPY Form 9-331 (May 1963) NITED STATES SUBMIT IN L LICATE* Form approved. Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERIOR (Other Instructions on 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 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 plus back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.) WELL CHANGE OPERATOR NAME FROM GAS WELL \mathbf{x} OTHER HUMBLE OIL & REFINING COMPANY 8. FARM OR LEASE NAME TO EXXON CORPORATION Humble Oil & Refining Company Chalk Bluff Draw Unit(A) 3. ADDRESS OF OPERATOR EFFECTIVE JANUARY 1, 1973 9. WELL NO. Box 1600, Midland, Texas 79701 9 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT Empire Abo Unit D, 660' FNL & 990' FWL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T-18-S, R-27-E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3484' GL Eddy 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 ABANDON4 SECOTING OR ACIDIZING ABANDON MENT* REPAIR WELL CHANGE PLANS Install Pumping Equipment (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 unit on 12-27-67.

RECEIVED

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18. I hereby certify that the foregoing is true and correct		
SIGNED R. L. Berry	TITLE Unit Head	DATE 1-17-68
(This space for Federal or State office use) For Record Only		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE