

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on page 2)

Form approved.  
Budget Bureau No. 42 H1421.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to complete or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

|                                                                                                                  |  |                                                                                                                                                      |  |                                                                                                          |  |                                                                                                                                                                      |  |                                                         |  |                                      |  |                        |  |                                                           |  |                         |  |                                                                    |  |                                                                          |  |                                    |  |                                |  |
|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|--------------------------------------|--|------------------------|--|-----------------------------------------------------------|--|-------------------------|--|--------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|------------------------------------|--|--------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |  | 2. NAME OF OPERATOR<br><b>CHANGE OPERATOR NAME FROM<br/>HUMBLE OIL &amp; REFINING COMPANY<br/>TO EXXON CORPORATION<br/>EFFECTIVE JANUARY 1, 1973</b> |  | 3. ADDRESS OF OPERATOR<br><b>HUMBLE OIL &amp; REFINING COMPANY<br/>P.O. BOX 650 MIDLAND, TEXAS 79701</b> |  | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>1950' FSL, 660' FEL</b> |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LA-050255</b> |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |  | 7. UNIT AGREEMENT NAME |  | 8. FARM OR LEASE NAME<br><b>HUMBLE OIL &amp; REFINING</b> |  | 9. WELL NO.<br><b>1</b> |  | 10. FIELD AND POOL, OR WILDCAT<br><b>HUMBLE OIL &amp; REFINING</b> |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>SEA-795-R-001</b> |  | 12. COUNTY OR PARISH<br><b>LJA</b> |  | 13. STATE<br><b>NEW MEXICO</b> |  |
| 14. PERMIT NO.<br><b>-</b>                                                                                       |  |                                                                                                                                                      |  | 15. ELEVATIONS (Show whether DF, RT, GA, etc.)<br><b>3657 DF</b>                                         |  |                                                                                                                                                                      |  |                                                         |  |                                      |  |                        |  |                                                           |  |                         |  |                                                                    |  |                                                                          |  |                                    |  |                                |  |

16.

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | FULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             |                          |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/>            | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (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.) \*

MTRC & PULL RODS & TBC. PERF. 4 1/2" CSG W/ 1 SHOT PER FT. FROM 5812' TO 5814'; 5825 TO 5837; 5841 TO 5849. TOTAL 25 SHOTS. LOG PERF. SET PACKER AT 5720'. ACIDIZED PERF. FROM 5812-5922 W/ 9,000 GALS. REG. 15% N.E. ACID. MAX. PRESS. 3100#., AIR 3.70 PSI. REPAIR RODS, TBC & PUMP. PLACED WELL BACK ON PRODUCTION. WELL ALLOW 90 BBL'S OIL AND 10% WATER PER DAY.

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

SIGNED

TITLE **FIELD HEAD**

DATE **4-12-71**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: