

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>A-1320</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>New Mexico K State</b>
9. Well No. <b>18</b>
10. Field and Pool, or Wildcat <b>Vacuum Glorieta</b>
12. County <b>Lea</b>

## 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	CHANGE OPERATOR NAME FROM <b>HUMBLE OIL &amp; REFINING COMPANY</b> TO <b>EXXON CORPORATION</b> EFFECTIVE <b>JANUARY 1, 1973</b>
2. Name of Operator <b>Humble Oil &amp; Refg Co.</b>	
3. Address of Operator <b>Box 1600 - Midland, Texas 79701</b>	
4. Location of Well UNIT LETTER <b>I</b> , <b>1830'</b> FEET FROM THE <b>S</b> LINE AND <b>510</b> FEET FROM THE <b>E</b> LINE, SECTION <b>32</b> TOWNSHIP <b>17-S</b> RANGE <b>35-E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3963 DF</b>	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU pull rods pump and tbq. R.V. and perf 4 1/2" csq from 6064 to 6082 w/ 1 jet shot/ft. (14 holes). Acidized perfs w/ 2000 gal 15% NE acid. @ 2800 p.s.i. Swabbed well, reran rods, pump and tbq and returned well to producing status.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *James S. [Signature]*

TITLE Unit Head

DATE 3/31/70

APPROVED BY *[Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: