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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 24 0 21 PM '65

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. A-1320

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"/>	<b>CHANGE OPERATOR NAME FROM HUMBLE OIL &amp; REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973</b>		7. Unit Agreement Name -
2. Name of Operator HUMBLE OIL & REFINING COMPANY			8. Farm or Lease Name New Mexico State <del>111</del> A
3. Address of Operator Box 2100, Hobbs, New Mexico 88240			9. Well No. 23
4. Location of Well UNIT LETTER "I" 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 17-S RANGE 35-E NMPM.			10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3946' D.F.		12. County Lea	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Install Pumping Unit

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.

Pumping Unit installed during September, 1965.

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

SIGNED E. S. [Signature] TITLE District Adm. Supvr. DATE Sept. 23, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: