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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 21 3 21 PM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1320
7. Unit Agreement Name -
8. Farm or Lease Name New Mexico State
9. Well No. 24
10. Field and Pool, or Wildcat Vacuum Glorieta
12. County Lea

**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</b>
2. Name of Operator HUMBLE OIL & REFINING COMPANY	<b>HUMBLE OIL &amp; REFINING COMPANY</b>
3. Address of Operator Box 2100, Hobbs, New Mexico 88240	<b>TO EXXON CORPORATION</b>
4. Location of Well UNIT LETTER "H" 1865 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 17-S RANGE 35-E NMPM.	<b>EFFECTIVE JANUARY 1, 1973</b>
15. Elevation (Show whether DF, RT, GR, etc.) 3955' D.F.	

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 [Signature] TITLE District Adm. Suovr. DATE Sept. 23, 1965

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE SEP

CONDITIONS OF APPROVAL, IF ANY: