<u></u>		
NO. OF COMPLES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The state of the s	Effective 1-1-65
U.S.G.S.		
LAND OFFICE		5a. Indicate Type of Lease
OPERATOR		State Fee.
OF ERRITORY		5. State Oil & Gas Lease No.
	CINDOVACETORS	
(DO WOT USE THIS	SUNDRY NOTICES AND REPORTS ON WELLS S 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.)	
01L 🔽	CHANGE OPERATOR NAME FROM	7. Unit Agreement Name
2. Name of Operator	HUMBLE OIL & RETINIAL FORDAM	8. Farm or Lease Name
Humb	Le Oct & Role Co TO EXXON CORPORATION	
3. Address of Operator	FEFFCTIVE LANGARY 1 107	J.A.E. Knight
Box	1001 & Reig Co. TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973 1600 - Midland, Texas 79701	9. Well No.
4. Location of Well	11.110 14110 16 143 14701	Z
UNIT LENTER	1 . 330' FEET FROM THE S LINE AND 330 FE	10. Field and Pool, or Wildcat Fowler Ellenburger
	LINE, SECTION 14 TOWNSHIP 24-5 RANGE 37-6	
	RANGERANGE	-MPM. ((((())))
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3236 DF	Lea
16.	Check Appropriate Boy To Indicate Notice D	
NO ⁻	Check Appropriate Box To Indicate Nature of Notice, Report	or Other Data QUENT REPORT OF:
DED CODE DE LEGIS DE LA COLOR		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER	OTHER	
MIRU and t Shots) NE ac Acidiz	Completed Operations (Clearly state all pertinent details, and give pertinent dates, in Eltovo perf. Interval in 412" Com 9890-96' by 12 shots (Ip) Set ptk and acidized perfs. I id. Max 2000 psi, min 1000 psi ed top perfs 9875-79' by 2000 Max. 1100 psi, min 850. On valued pump and returned note.	erft-RASF Jet 1890-9896 Wy 6000 941, 15% AIR SBPM
18. I hereby centify that the	information above is true and complete to the best of my knowledge and belief. TIME Unit Head	DATE 10/31/69
PPROVED BY	Original Signed By SUDERVISOR DISTRICT	DATE 1960
ONDITIONS OF APPROV	AL, IF ANY:	

CONDITIONS OF APPROVAL, IF ANY: