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UNITED STATES

SUBMIT IN TRIPLICATE*

DATE _

DEPARTM	5. Lease designation and Serial NC. 14=20=603=2168			
SUNDRY NOTI (Do not use this form for propose Use "APPLICA"	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo			
OIL GAS OTHER V	7. UNIT AGREEMENT NAME Northwest Cha Cha			
2. NAME OF OPERATOR Humble Oil & Refin	8. FARM OR LEASE NAME Northwest Cha Cha Unit			
3. ADDRESS OF OPERATOR P. O. BOX 120, Der 4. LOCATION OF WELL (Report location close also space 17 below.) At surface NENW(660 FNL & 19	9. WELL NO. 21-27 10. FIELD AND POOL, OR WILDCAT Cha Cha Gallup 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 27-29N-14W NMPM			
14. PERMIT NO.	15. ELEVATIONS (Show whether Dispersion of Show	F, RT, GR, etc.)	12. COUNTY OR PARI	New Mexico
TEST WATER SHUT-OFF P FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE	ELL OR ALTER CASING CULTIPLE COMPLETE BANDON* HANGE PLANS CATIONS (Clearly state all pertiner nally drilled, give subsurface local continuation of the circulated to surfact and cut are point are point and cut are point and cut are point are point and cut are point are poi	water shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomplete and details, and give pertinent dates, ations and measured and true vertical ace, 5½11 csg set in 7-30-52461 w/4 shots/ft. Sws: Spot 15 sxs ceme and pull as much 5½11 cae Pictured Cliffs @ 1280 1160-10601 across top om of surface casing, ixed mud. Place regul	of multiple completice tion Report and Log including estimated of depths for all mark 330°. 9-5/8° hole at the 5230-5130 sg &s possib and top of of Pictured 14 sxs cemen	casing dent* on on Well form.) date of starting any ters and zones perti- csg set 5376 w/ 1, 15 sxs le, spot Cliffs t 30-0*.
cc: 2 - NM O&G Commissio: 1 - Minerals Supervi 1 - Midland		OCT 1 8 1971	7 UNA	19 1971 CON. COM. DIST. 3
18. I hereby certify that the foregoing is	1 .	Dist. Chief Engineer	10	-4-71
(This space for Federal or State office	e use)			

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: