

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

048741-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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" for such proposals.)

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

HUMBLE OIL & REFINING COMPANY

3. ADDRESS OF OPERATOR

P.O. Box 1600 - MIDLAND TEXAS

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit B, 660' ENL, 2310' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
LC Federico N/A-2

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Element

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

S-35, T20S, R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3574

12. COUNTY OR PARISH

13. STATE

LEA

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Installation of Pumping Equip

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Installed pumping equipment

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Berry

TITLE

Unit Head

DATE

1-24-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

[Signature]
District Engineer

DATE

Jan 25 1968

*See Instructions on Reverse Side