

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 13558

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal-Cherokee

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 3, T-19-N, R-32-E

12. COUNTY OR PARISH 13. STATE

Harding

New Mexico

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 79701

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

1,998.7' FWL & 350' FSL

14. PERMIT NO.

Approved 8-16-71

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

4,770' GR

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Drillstem tests

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

DST #1 from 1720' to 1820', tool open 1 hour, recovered 5 gallons of drilling fluid, 5 min. IF 235 #, 60 min. ISIP 235 #, 60 min. FF63#, IF 57#, 120 min. FSIP 310#, IHMP 1110#, FHMP 1006#, 3000 cc of drlg. fluid in sample, no show of oil or gas.

DST #2 from 1837' to 2100', tool open 1 hour, 5/8" bottom and 1" top choke, recovered 702' of fluid (450' of drlg. mud and 252' of water cut drlg. mud), Chlorine in test 5,000, Chlorine in ditch 500, 5 min. IF 426#, 60 min. ISIP 441#, IF 426#, FF 441#, 120 min. FSIP 441#, IHMP 1070#, FHMP 1041#, no show of oil or gas.

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

SIGNED

A. L. Clemmer
D. L. ClemmerTITLE Proration SpecialistDATE 11-9-71

(This space for Federal or State use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side