

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT ON TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                      |  | 7. UNIT AGREEMENT NAME                                                   |  |
| 2. NAME OF OPERATOR<br><i>Humble Oil &amp; Refg Co</i>                                                                                                                |  | 8. FARM OR LEASE NAME<br><i>Empire Abo Federal</i>                       |  |
| 3. ADDRESS OF OPERATOR<br><i>Box 1600 - Midland Texas 79701</i>                                                                                                       |  | 9. WELL NO.<br><i>1</i>                                                  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>1980 FSL - 1980 FEL</i> |  | 10. FIELD AND POOL, OR WILDCAT<br><i>Empire Abo</i>                      |  |
| 14. PERMIT NO.                                                                                                                                                        |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>S1, T18S-R27E</i> |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><i>3643 DF</i>                                                                                                      |  | 12. COUNTY OR PARISH<br><i>Eddy</i>                                      |  |
|                                                                                                                                                                       |  | 13. STATE<br><i>N. Mex</i>                                               |  |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                          |                                                    |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|----------------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>           |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>              |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |                                                    |

(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.)\*

*MICU. Pull rods + pump. Acidized parts  
6144 - 6170' w/ 2000 gal - 15% NE acid. AIR  
2 BPM - Max 1300 psi. On Vac after 5 min.  
Revan rods & pump and return well to  
Prod. Status.*

RECEIVED

DEC 10 1970

OFFICE

RECEIVED

DEC - 9 1970

U. S. GEOLOGICAL SURVEY  
DISTRIBUTION

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

SIGNED *[Signature]* TITLE *Unit Head* DATE *12/2/70*

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE *ACTING District Engineer* DATE *DEC 10 1970*

ACCEPTED FOR RECORD *[Signature]*

Date *DEC 10 1970*

\*See Instructions on Reverse Side