

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.
PM 031186 Ser No 23121
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Humble Oil & Refining Company		8. FARM OR LEASE NAME Chalk Bluff Draw Unit (A)
3. ADDRESS OF OPERATOR Box 1600, Midland, Texas		9. WELL NO. 22
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from the south line and 330' from the east line of Section 8, T-18-S, R-27-E		10. FIELD AND POOL, OR WILDCAT Empire Abo
14. PERMIT NO. --		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-18-S, R-27-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3483' DF & 3473' Gr.		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Install Pumping Equipment	

(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 and placed well on pump.

RECEIVED

MAY 13 1968

U. S. G. C.
ARTESIA OFFICE

RECEIVED
MAY 10 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED R. L. Berry
(This space for Federal or State office use)

TITLE Unit Head

DATE 5-8-68

APPROVED BY
CONTAINERS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
MAY 10 1968
R. L. BERRYMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side