

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 LOCATION*
(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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-070938	
2. NAME OF OPERATOR HUMBLE OIL & REFINING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR Box 2100, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME -	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from South Line, 990' from West Line, Section 9, T-18-S, R-27-E. NW/4 of SW/4 of Section 9.		8. FARM OR LEASE NAME Chalk Bluff Draw Unit	
14. PERMIT NO. -		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3526 D.F.		10. FIELD AND POOL, OR WILDCAT Empire Abo	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA -	
		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:		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 type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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"/>	(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.)*

1. Move in and rig up contract unit.
2. Pulled rods and tubing.
3. Sand oil frac perforations 5569-84 and 5589-97 with 40,000 gallons lease crude, 1500# Adomite Mark II, 200 gallons FR-3 and followed by 5,155# of 12-20 glass beads with an average injection rate of 40.5 BPM. Maximum pressure 3950#. Minimum pressure 2600#. Job by Halliburton.
4. Ran tubing. Swabbed. Recovering load oil.
5. Ran pump and rods and placed well on pumping test.
6. Recovered all load oil.
7. Completed well as a pumping oil well. Unsuccessful.

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

SIGNED

TITLE

Agent

DATE

July 29, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUL 30 1964

H. L. BLANKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side