

Form 9-331  
(May 1965)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 1  
(Other Ins  
verse side)

APPLICATE\*  
DOES OR RE-

Form approved.  
Budget Bureau No. 42-R1401

5. LEASE DESIGNATION AND SERIAL NO

Sec. 16, T-18-S

6. IF INDIAN, ALLOTTEE OR PRISE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Chalk Bluff Draw Unit (A)

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

Sec. 16, T-18-S, R-27-#

12. COUNTY OR PARISH 13. STATE

Eddy

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

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

1980' from the south and 860' from the west lines of Section 16, T-18-S, R-27-E.

14. PERMIT NO.

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

3458' DF

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) Install Pumping Equipment

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

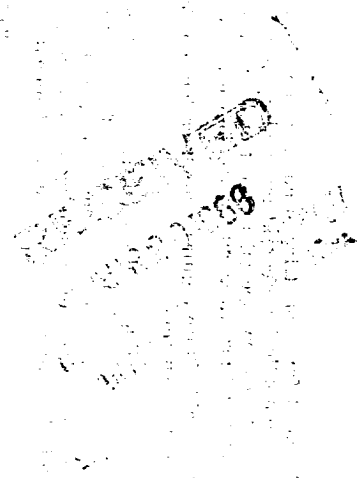
REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.



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

SIGNED R. L. Berry

TITLE Unit Head

DATE 4-24-68

(This space for Federal or State office use)

APPROVED BY W. A. Gussert

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: