

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR  
(Other instructi  
verse side)

CATE\*  
OR re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
NM 04175 (b)  
Ser. No. 231616  
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 Abo Chalk Bluff Draw Unit
3. ADDRESS OF OPERATOR Box 2100, Hobbs, New Mexico - 88240	9. WELL NO. 24
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 1650' FEL, Sec. 17, T-18-S, R-27-E NW/4 of SE/4, Section 17.	10. FIELD AND POOL, OR WILDCAT Empire Abo
14. PERMIT NO. -	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA -
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3450' DF	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"/>	

(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. Killed well with water.
  3. Pulled tubing.
  4. Breakdown and leveled off with 200 bbls. lease crude.
  5. Frac perf. 5478-5490 and 5514-5524 with 40,000 gals. of lease crude, 1500# Adonite Mark II, 200 gals. FR-3 and 1# 20-40 sand per gal. of crude. Tailed in with glass beads. Flushed with 100 bbls. of lease crude. Average injection rate of 35.4 BPM. Average treating press. of 3300#. Job by Halliburton.
  6. Reran tubing.
  7. Swabbed.
  8. Recovered all load oil.
  9. Well recompleted as a flowing oil well. Successful.

RECEIVED

JUL 2 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED Jack T. Thompson

TITLE Agent

DATE 6-16-64

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 1 1964

RONNIE E. SHOOK  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side