

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
NM 04175 (b)  
Ser. No. 231616

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	
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 BLK. 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.

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

SIGNED Jack Thompson TITLE Agent DATE 6-16-64  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: