

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 04175 (b) Lse No 231616

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Abo Chalk Bluff Draw Unit

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

Sec. 17, T-18-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

HUMBLE OIL & REFINING COMPANY

3. ADDRESS OF OPERATOR

Box 2100, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2314 From South Line, 330' From East Line

14. PERMIT NO.

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

3441 D.F.

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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. Moved in and rigged up contract unit.
2. Pulled pump, rods and tubing.
3. Frac perforations 5316-5322, 5382-5402 and 5446-5458 with 48,426 gallons lease crude, 24,000# sand, 2,000# Adomite Mark II and tailed in with 5,000# glass beads with an average injection rate of 26.5 BPM. Maximum pressure 3800#. Minimum pressure 3400#. Job by Halliburton.
4. Ran tubing back in hole. Swabbed. Recovered some load oil.
5. Swabbed. Well kicked off and flowed. Recovered some load oil.
6. Ran rods and pump. Put well on pumping test. Recovered all load oil. Tested.
7. Well recompleted as a pumping oil well. Successful.

	Date	Hours	Bbls. Oil	Bbls. Water	MCF/D	GOr
Before W/O	2-8-64	24	7	1	7	1167
After W/O	3-26-64	24	47	6	80	1702

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

SIGNED

TITLE Agent

DATE March 26, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

*See Instructions on Reverse Side