HITED STATES

SUBMIT IN 1 LICATE* Form approved. Budget Bureau No. 42-R1424.

	,	MENT OF THE INTER	RIOR verse side)	5. LEASE DESIGNATION NM-0468129	·
	SUNDRY NOT (Do not use this form for propose Use "APPLICA"	ICES AND REPORTS als to drill or to deepen or plug ation FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1.	OIL GAS X OTHER	7. UNIT AGREEMENT NAME			
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME			
	Humble Oil & Refining Company			Willow Draw Unit	
8.	ADDRESS OF OPERATOR			9. WELL NO.	
	Box 2100, Hobbs, New	1			
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Seven Rivers Hills W/C	
	2106 FNL, 1830 FEL, Sec. 30, T-20-S, R-26-E, Eddy County,			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA	
	New Mexico.			Sec. 30, T-20-	-
14.	PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	-	To be furnished	d later.	Eddy	New Mexico
16.	Check A	opropriate Box To Indicate	Nature of Notice, Report, or C	Other Data	
	NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING !	WELL
	FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	NT*
	REPAIR WELL	CHANGE PLANS	(Other)		
	(Other)		(Note: Report results Completion or Recomp	of multiple completion letion Report and Log fo	on Well rm.)

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 pertiproposed work. If nent to this work.) *

Ran 2366' (73 joints) 8-5/8" casing, 32# & 24#, J-55, set at 2388'. Cemented with 700 sxs Incor 4% Gel with 1/4# Flocele per sx. followed by 200 sxs Neat with 2% Cal. Chlo. POB 4:50 PM, 10-21-65. Cement circulated. WOC 26 hours. Tested casing with 1000# pressure for 30 minutes - no drop in pressure. Drilling.

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8. I hereby certify that the foregoing is true and correct		· · · · · · · · · · · · · · · · · · ·	
SIGNED CASON		st. Adm. Supvr.	DATE 10-29-65
(This space for Federal or State office use)			
CONDITIONS OF PROPERTY.	TITLE		DATE
NUV 1 Kas			

*See Instructions on Reverse Side