

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(*Other Instructions on reverse side)

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 Co. ✓		8. FARM OR LEASE NAME Abo Chalk Bluff Draw Unit	
3. ADDRESS OF OPERATOR Box 2100, Hobbs, N. M.		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, Sec. 17		10. FIELD AND POOL, OR WILDCAT Empire Abo	
14. PERMIT NO. -		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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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) _____	

(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.)*

- Kill well and pull tubing.
- Frac down 4-1/2" csg. w/40,000 gallons lease crude using 2# sand per gallon and 5# Adomite Mark II per 100 gallons. Tail in with glass beads.
- Run tubing and test.
- Return well to production.

Approximate starting date: April 20, 1964
(Pending approval from other operators)

RECEIVED
APR 15 1964
GEOLOGICAL SURVEY
WASHINGTON, D.C.

RECEIVED
APR 16 1964
O. C. C.
ARTESIA, OFFICE

/mcb

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

SIGNED [Signature] TITLE Agent DATE 4-10-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 15 1964
RONNIE E. SHOOK
ACTING DISTRICT ENGINEER