

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions on reverse side)

COPY TO O. C. C.

Form approved.
Budget Bureau No. 42-R1424.

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 <i>Humble Oil & Refining Co.</i>	8. FARM OR LEASE NAME <i>Prudhoe Federal</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 1600 - Midland, Texas</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal requirements. See also space 17 below.) At surface <i>665' FWL - 1986' FNL</i>	10. FIELD AND POOL, OR WILDCAT <i>Chavero (S.A.)</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec 10, T8S R33E</i>
	12. COUNTY OR PARISH <i>Chaves</i>
	13. STATE <i>N. M.</i>

RECEIVED
OCT 27 1966
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <i>Perf. Test & Plugback Perfor.</i>			

(NOTE: Report results of multiple completion or 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.)*

Perf. w/ 1 shot at following intervals, 4370', 74', 77', 80', 82'.
Treat perfs w/ 500 gal Halliburton 10% MCA acid w/ 3/10% inhibitor, 3% Marflo 11. Maf 1000 PSI, Inj. rate .025 BPM. bubbled & Recovered 102 BW w/ no shows. Pulled CON. Set 4 1/2" Halliburton C.I. retainer @ 4349'. Halliburton squeezed perfs w/ 35 sacks incor neat w/ 6/10% Halad 9 also 2 1/2 bbl Cement @ 800 PSI. Reversed out 4 bbl Cement. Job Complete 12:30 PM 10-23-66. W.O.C.

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

SIGNED *W. H. Tipton Jr.* TITLE *Agent* DATE *10-25-66*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
OCT 27 1966
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side