

UNIT STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 055564

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 [X] GAS WELL [] OTHER []

2. NAME OF OPERATOR HUMBLE OIL & REFINING COMPANY

3. ADDRESS OF OPERATOR P.O. Box 1600, MIDLAND, TEXAS 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL AND 660' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME ISLER-FEDERAL

9. WELL NO. 2

10. FIELD AND POOL, OR WILDCAT MANY GATES ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 31, T-9-S, R-30-E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4027 DF

12. COUNTY OR PARISH CHAVES 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 [] PULL OR ALTER CASING [] FRACTURE TREAT [] MULTIPLE COMPLETE [] SHOOT OR ACIDIZE [] ABANDON* [] REPAIR WELL [] CHANGE PLANS [] (Other) []

WATER SHUT-OFF [] REPAIRING WELL [] FRACTURE TREATMENT [] ALTERING CASING [] SHOOTING OR ACIDIZING [] ABANDONMENT* [] (Other) CASING SETTING [X] (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.)*

SPUDDED 11" HOLE @ 11:00 AM, 9-26-72. DRILLED TO 1497', CIR 1/2 HR. RAZ 36 JTS, 8 5/8 24# & 32# CSC. SET @ 1497'. FLOAT @ 1454. CEMENTED WITH 300 SX CLASS C CEMENT W/4% GEL & 2% CACL. FOLLOWED W/150 SX CLASS C. MAX PRESS 400# CIR. 20 SX TO SURFACE. P.O.B. @ 7:30 P.M., 9-28-72. PRESS. TESTED CSC & BOP TO 300 AND 2000#. TEST OK.

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

SIGNED [Signature] TITLE UNIT HEAD DATE 10-4-72

(This space for Federal or State office use)

APPROVED BY [Signature] OCT 10 1972 R. L. BEEKMAN ACTING DISTRICT ENGINEER

TITLE DATE

*See Instructions on Reverse Side