form 9-331

REPAIR WELL

(Other)

## HIVITED STATES

CHANGE PLANS

SUBMIT IN TRIPLICATES

Form approved.

| DEPARTME: OF THE INTERIOR (Other instructions re-   | Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.  LC - 032233 (a)              |  |  |
|---|--|--|--|
| 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.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  7. UNIT AGREEMENT NAME                                   |  |  |
| OIL GAS OTHER   |  |  |  |
| 2. NAME OF OPERATOR   | 8. FARM OR LEASE NAME  |  |  |
| HUMBLE OIL & REFINING COMPANY   | BOWERS A FEDERA  |  |  |
| P.O. BOX 1600 MIDLAND TEXAS 79701   | 9. WELL NO.  |  |  |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  | 10. FIELD AND POOL, OR WILDCAT  HOBBS G-S.A.  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |  |  |
| 330' FROM S/L AND 330' FROM W/L,  |  |  |  |
| SEC. 29, T-18-5, R-38-E   | SEC. 29, 7-18-5 R.38-  |  |  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   | 12. COUNTY OR PARISH 13. STATE   |  |  |
| 3644 R DB   | LEA N. MÉXIC   |  |  |
| 6. Check Appropriate Box To Indicate Nature of Notice, Report, or C   | Other Data   |  |  |
| NOTICE OF INTENTION TO: SUBSEQU   | TENT REPORT OF:  |  |  |
| TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF   | REPAIRING WELL   |  |  |
| FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT   | ALTERING CASING  |  |  |
| SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING   | 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.)\*

REMOVE PACKER, CLEAN OUT TO TD, LOC TO LOCATE OIL PRODUCING ZONES, ISOLATE, AND STIMULATE CHANGE OFFICE HUMBIR CILL

> TO 0. 14. EFFECTAVE

| SIGNED SIGNED                               | TITLE _ | UNIT | HEAD     | DATE _ | 2-3-72 |
|---|---------|------|----------|--------|--------|
| (This space for Federal or State 62.00 (60) |         |      |          | ·      |        |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:  | TITLE _ |      | APPROVED |        |        |

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