

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.

032333-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bowers "B" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Hobbs San Andres Grayburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T-18-S, R-38-E.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Humble Oil & Refining Company

3. ADDRESS OF OPERATOR

Box 1800, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below)  
At surface

330' from north line and 330' from west line of  
Section 29, T-18-S, R-38-E, Lea County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3655' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)\*

MI Clark Well Service 1-22-68. Pulled pump and rods. Acidized open hole 4199-4239 (Dowell) w/5,000 gals. 15% retarded acid @ 6.5 BPM. Max 150. SIP on vacuum. Ran pump and rods. Placed well back on production. Moved off rig 1-23-68.

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

SIGNED

TITLE Unit Head

DATE 2-1-68

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE