

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
reverse side)FE-
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

—

7. UNIT AGREEMENT NAME

—

8. FARM OR LEASE NAME

BOWERS A FEDERAL

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

HOBBS (G-S.A.)

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

SEC. 30, T-18-S, R-38-E

1.

OIL WELL ☒ 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 surface330 FT F/N LINE AND 990 FT F/E LINE,
SEC. 30, T-18-S, R-38-E

14. PERMIT NO.

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

3653 RDB

12. COUNTY OR PARISH

LEA

13. STATE

N. MEXICO

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) STIMULATE ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

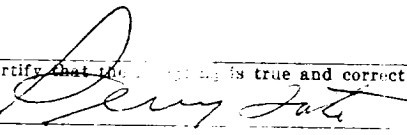
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

ADDITIONAL INFORMATION TO REPORT DATED 1-20-72.

12-14-71, RAN 2 3/8" TBC WITH LYNES OPEN HOLE
PACKERS; SET PKRS. @ 4060' AND 4082'.12-15-71, SET PLUG IN BOTTOM PACKER. OPEN
CIRCULATING VALVE ABOVE TOP PACKER, RAN PUMP
AND RODS.

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

SIGNED



TITLE

UNIT HEAD

DATE

2-2-72

(This space for Federal or State Use Only)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

GEOLOGICAL SURVEY
HOBBS, NEW MEXICO