

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instruction
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233(a)

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HUMBLE OIL & REFINING COMPANY		8. FARM OR LEASE NAME BOWERS A FEDERAL
3. ADDRESS OF OPERATOR P.O. BOX 1600, MIDLAND, TEXAS 79701		9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FT FROM N. LINE AND 990' FROM E. LINE, SEC. 30, T-18-S, R-38E.		10. FIELD AND POOL, OR WILDCAT HOBBS (G-S.A.)
14. PERMIT NO.		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA SEC. 30, T-18-S, R-38E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3653 RDB		12. COUNTY OR PARISH LEA
		13. STATE NEW 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 COMPLETION

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.)

MIRU BABER 10-4-71, PULLED RODS & TBG., RAN ELEC. LINE W/ 3 1/2" DUMP BAILER AND DUMPED CMT PLUG AT 4192'. USED CLASS C CMT W/ 3/4" SALT/SX AND 5# SD/SX. DUMPED 5 BAILERS OF CMT 2 HRS APART. CHECKED AFTER 4TH BAILER DUMPED - CHECKED AT 4162. CHECKED AFTER 5TH BAILER - FOUND AT 4160. DUMPED ONE ADDITIONAL BAILER OF CMT. AND CHECKED - FOUND AT 4150, 10-7-71. PICKED UP BIT & TBG, WENT IN HOLE AND FOUND DB AT 4150, 10-8-71. RAN 4 1/2" BIT & TBG. TAGGED FILL AT 4141, 10-10-71. DRLD. GOOD CMT FROM 4141 TO 4155 BLANK SPOT FROM 4155 TO 4179. DRLD. SOFT CMT. FROM 4179 TO 4185. GOOD CMT AT 4185 (HARD) PLUGGED BIT W/ MNT, PULLED OUT OF HOLE. RU HALLIBURTON TO DUMP MORE CMT. MIXED 4 SX CMT CLASS C W/ 2 3/4" CAL. CH. AND 5# SD/SX. CRD FILL AT 4156, 10-11-71. RAN ONE BAILER W/ 2 3/4" SXS CMT. WOC 2 HRS, CRD FILL AT 4149, 10-12-71. RAN 4 1/2" FLAT BOTTOM MILL. DRLD PRR 4208-4209. RAN 4 1/2" BIT, DRLD 4208-4209. RAN GAMMA RAY CALIPER LOG 4218-3800. SET PRR AT 4172. ACIDIZED OH 4172-4218' W/ 2000 GAL 15% HF ACID. MAX PRESS 1400#. 151- WELL ON VAC. AIR 3 BPM. ON 4 HR SCAB TEST RET 75 BLDAL. FL-2500' FROM SURFACE. PREP TO PWOP. ALL LOAD AND ACID WTR. REC 10-15-71 TO 10-17-71. TESTED TO 11-11-71. MIRU RALPH JOHNSON 11-12-71, PULLED RODS AND PUMP. SET PLUG & R NIPPLE ON WIRE LINE AT 4165. PULLED PLUG. PICKED UP TBG AND FOUND TBG UNLATCHED FROM ON AND OFF TOOL AT 3845. LATCHED ON, PULLED 10000# TENSION 11-12-71. RAN BLANKING PLUG. SET "R" NIPPLE AT 4165. PRESS. TBG. TO 600# - HELD OK. PULLED PLUG. RAN PUMP AND RODS IN HOLE. FRR 11-13-71. TESTED TO 12-4-71

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

SIGNED

TITLE

UNIT HEAD

DATE

1-20-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
reverse side)TE
re-Form approved.
Budget Bureau No. 42-R1424.

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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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR HUMBLE OIL & REFINING COMPANY		8. FARM OR LEASE NAME BOWERS & FEDERAL	
3. ADDRESS OF OPERATOR P.O. Box 1600, MIDLAND, TEXAS 79701		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FT FROM N. LINE AND 990' FROM E. LINE, SEC. 30, T-18-S, R-38-E.		10. FIELD AND POOL, OR WILDCAT HOBBS (G-S-A).	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, 18-S, 38 E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3653 RDB		12. COUNTY OR PARISH LEA	
		13. STATE NEW 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 COMPLETION ☐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.)

CONTINUED FROM PAGE 1.

MOVED IN RIGGED UP RALPH JOHNSON 12-4-71. PULLED PROD. EQUIP. SET BLIND PLUG AND "R" NIPPLE AT 4165. PRESS TESTED TO 800 PSI-HELD OK. RELEASED ON OFF OPLG AT 3845. REMOVED 14' OF SUBS AND RAN PUMP EQUIP. PLACED WELL ON PUMP TEST. TESTED TO 12-11-71. MIRU BABER WELL SERV 12-11-71. PULLED RODS & TBC AND LYNES PRR. WESTERN RAN RADIOACTIVE TRACER SURVEY IN OH FROM 3975-4218. POP. WELL STARTED FLOWING W/200# TP. 3 HR FLOW AND PUMP TEST REC. 120 BO & 20 BW. NO WATER AT END OF TEST. 2964 CHORE. FRR 12-16-71. FRW. 12-19-71

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

SIGNED

[Signature]

TITLE

UNIT HEAD

DATE

1-20-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

[Signature]

*See Instructions on Reverse Side