

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions reverse side)

Form approved.  
Budget Bureau No. 42-R1424

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  **Core Test**

2. NAME OF OPERATOR  
**Humble Oil & Refining Company**

3. ADDRESS OF OPERATOR  
**Box 1400, Midland, Texas**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**920' FSL & 400' FSL, Sec. 30**

14. PERMIT NO.  
**1-13-67**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**None Run**

5. LEASE DESIGNATION AND SERIAL NO.  
**10-012233 (a)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Block "A" Federal**

9. WELL NO.  
**21**

10. FIELD AND POOL, OR WILDCAT  
**Core Test**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 30, T-12-N, R-35-E**

12. COUNTY OR PARISH  
**Lee**

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)\*

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

SIGNED \_\_\_\_\_ TITLE **Agent** DATE **2-2-67**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIP  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LE-012233 (9)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N.C.

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Cure Test</b>	7.	PERMIT AGREEMENT NAME <b>67</b>
2.	NAME OF OPERATOR <b>Humble Oil &amp; Refining Company</b>	8.	FARM OR LEASE NAME <b>Lease "A" Federal</b>
3.	ADDRESS OF OPERATOR <b>Box 1500, Midland, Texas</b>	9.	WELL NO. <b>21</b>
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>920' FSL &amp; 400' FSL, Sec. 30</b>	10.	FIELD AND POOL, OR WILDCAT <b>Cure Test</b>
14.	PERMIT NO. <b>1-13-67</b>	11.	SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec. 30, T-18-S, R-30-A</b>
15.	ELEVATIONS (Show whether DF, RT, GR, etc.) <b>None Run</b>	12.	COUNTY OR PARISH <b>Lee</b>
13.		13.	STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

**TD - 37'.**

**Filled hole with concrete from 37' to surface.**

**P & A 1-31-67.**

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

SIGNED [Signature] TITLE Agent DATE 2-2-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5. *lyl*

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \* 17

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other Core Test

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
Humble Oil & Refining Company

3. ADDRESS OF OPERATOR  
Box 1600, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 920' FWL & 400' FWL  
At top prod. interval reported below  
At total depth

14. PERMIT NO. -- DATE ISSUED 1-13-67

5. LEASE DESIGNATION AND SERIAL NO.  
10-032233 (a)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
1/67  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Bowers "A" Federal  
9. WELL NO.  
21  
10. FIELD AND POOL, OR WILDCAT  
Core Test  
11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA  
Sec. 30, T-10-S, R-30-E  
12. COUNTY OR PARISH  
Leon  
13. STATE  
New Mexico

15. DATE SPUDDED 1-23-67 16. DATE T.D. REACHED 1-23-67 17. DATE COMPL. (Ready to prod.) P & A 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* None run 19. ELEV. CASINGHEAD --

20. TOTAL DEPTH, MD & TVD 37' 21. PLUG, BACK T.D., MD & TVD -- 22. IF MULTIPLE COMPL., HOW MANY\* -- 23. INTERVALS DRILLED BY Core Rig ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
Core Test 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN  
None 27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<u>None</u>					

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
<u>None</u>							

31. PERFORATION RECORD (Interval, size and number) None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>None</u>	

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
		<u>P &amp; A</u>

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS  
None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED \_\_\_\_\_ TITLE Production Supervisor DATE 2-2-67

\*(See Instructions and Spaces for Additional Data on Reverse Side)