

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 ☐		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-032233-00</i>
2. NAME OF OPERATOR <i>Humble Oil & Refy Co</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 1600 - Midland, Texas</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1480' FNL, 660' FWL</i>		8. FARM OR LEASE NAME <i>Bouers A Federal</i>
14. PERMIT NO. <i>-</i>		9. WELL NO. <i>31</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>Later</i>		10. FIELD AND POOL, OR WILDCAT <i>Hobbs Blin. 7bry</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>24 S34, T18S, R38E</i>
		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N. Mex.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☒(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(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.)*

We propose to change plans as follows.

Drill to TD. of 7100' instead of 6100' as originally proposed, also 5 1/2" casing will be run instead of the 4 1/2" casing and Cement will be increased to 725 sack from 500 sack.

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

SIGNED *A. Z. Clemmer*TITLE *Unit Head*DATE *7/4/69*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE _____

*See Instructions on Reverse Side

GORDON
ACTING DISTRICT ENGINEER