

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other Instructions on 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 ☐		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-032233-a</i>
2. NAME OF OPERATOR <i>Humble Oil & Refg 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.) <i>At surface</i> <i>1980' FNL, 660' FWL</i>		8. FARM OR LEASE NAME <i>Bowers 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 Blinberry</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>S30, 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 T.D. 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. J. Cline*TITLE *Unit Head*DATE *7/9/69*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side