

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC-032233-(w)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Humble Oil & Refg Co.	8. FARM OR LEASE NAME Bowers A Federal
3. ADDRESS OF OPERATOR Box 1600 - Midland Texas 79701	9. WELL NO. 32
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL, 1980' FEL	10. FIELD AND POOL, OR WILDCAT Hobbs Blinn Dry Hobbs Drinkard
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Later
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30
	12. COUNTY OR PARISH Lea
	13. STATE N. Mex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Spudding	

(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. Spud in well @ 1:30 PM on 8-2-69. Drld to 400' and ran 385'-13 3/8" OD 48# H40 Csg set @ 400' and cmt w/ 400 sax reg. cmt, and 200 sax cmt pumped in from top. WOC 20 hrs and test cmt w/ 800 psi for 1/2 hr w/ no pressure drop. Resume drlg and drld to 3850'. Ran and set 3878'-9 5/8" OD 36# J-55 Csg set @ 3850'. and cmt w/ 350 sax w/ 890 gel and 200 sax neat. WOC. 18 hrs. Test csg w/ 800 psi for 30 min w/ no pressure drop. Resume drlg operations and drld to 7075' TD. on 8-20-69. R.V. and ran string No. 1 7053'-3 1/2" OD 7.7# J-55 Csg and cmt w/ 325 sax Cl. C cmt; string No. 2. 6140'-3 1/2" OD 7.7# J-55 Csg and cmt w/ 350 sax lite wt. cmt w/ additives. WOC. 48 hrs. Tested both strings 3 1/2" csg w/ 1500 psi for 30 min w/ no pressure drop. Preparing to dually complete well.

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

SIGNED A. L. ClemmerTITLE Unit HeadDATE 8/27/69

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE _____

*See Instructions on Reverse Side

COUNTY DISTRICT ENGINEER