

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

5. LEASE DESIGNATION AND SERIAL NO.

048741-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Louis C. Fopeano Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Eunice

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 25, 20-S, 36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

## 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 (Dual w/Eumont Gas Unit IV, Well 1)

2. NAME OF OPERATOR

Humble Oil &amp; Refining Co.

3. ADDRESS OF OPERATOR

Box 2100, Hobbs, N. M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface 660 ft. from S line and 1980 ft. from W line  
of Sec. 25, T-20-S, R-36-E, SE/4 of SW/4 of Sec. 25,  
Lea County, N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 3552

## 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 COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-  
nent to this work.)Tie into tubing string and pump in 1,000 gallons of 15% regular N.E.  
retarded acid. Swab well back on production and test.

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

SIGNED

*G. L. Carpenter*

TITLE

Agent

DATE

July 28, 1964

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

