UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

Nov 16 2 44 PM '65

1. OIL WELL [ ] GAS WELL [ ] OTHER [ ]

2. NAME OF OPERATOR: Humble Oil Company

3. ADDRESS OF OPERATOR: P.O. Box 1600, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 1980' FWL Section 26, Township 23South, Range 36 East, Lea County, New Mexico.

5. LEASE DESIGNATION AND SERIAL NO.: LC 030131 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: State 26-I

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Eumont Gas Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 26-23S,-36E

12. COUNTY OR PARISH: Lea 13. STATE:

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3367 DF

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

Ran 117 jts of 4 1/2" OD, 9.5# J-55 S100 csg W/ "Ruff-Coat" Set casing @ 3,700' and cement W/200 sx Class "C" W/4% gel, 10% saturated. Cement top @ 2,400'. WOC for 24 hours. Tested 500# for 30 minutes. Tested O.K.

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

SIGNED [signature] TITLE Staff Supervisor DATE 11-11-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 15 1965
J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-3, PAN AM HOBBS 3, ARL ROS -2, CALIF MID-2, LPT File