Form 9-331 (May 1963)	ITED ST DEPARTM_NT OF T	ATES HE INTER	SUBMIT IN TO (Other instruction verse side)	ICATE*	Form approved. Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL	SURVEY			NM - 040763 Unit B
U do not use this for	RY NOTICES AND m for proposalized drill on to me "APPLICATION FOR PERM	REPORTS:	ON WELLS back to a different recerve	olr.	6. IF INDIAN, ALLOTTEE OR TRIBE NAM
OIL GAS X	OTHER	= 411 03			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Humble Oil &	Refining Company		DEC 8 190	5	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	merining company	 	U.S. GEOLOGICAL 20		Federal Davison
Box 2100, Hob Location of Well (Repo See also space 17 below.)	bs, New Mexico 882 rt location clearly and in according	240 dance with any	State requirements.)3 	10. FIELD AND POOL, OR WILDCAT
660' From North	Line, 1980' From E Lea County, New Me	ast Line		20,	Wildcat 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA Sec. 20, T-24-S, R-36-F
14. PERMIT NO.	15. ELEVATIONS (Show whether DP	', RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE
	3381				Lea New Mexic
16.	Check Appropriate Box 1	To Indicate N	lature of Notice, Rep	ort, or O	ther Data
NOTI	CE OF INTENTION TO:		1		INT REPORT OF
TEST WATER SHUT-OFF	PULL OR ALTER CAS	ING	WATER SHUT-OFF	X	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLET	·	FRACTURE TREATM	()	ALTERING CANING
REPAIR WELL	CHANGE PLANS		SHOOTING OR ACID	IZING	ABANDONMENT*
(Other)	-		(Other)(Norm: Repo	rt results o	f multiple completion on Well lon Report and Log form.) acluding estimated date of starting and depths for all markers and zones perti
with 5# Gilsonite, cement with 11.4# stage: cemented wi ex. followed by 20 2:30 AM on 11-21-6 salt per sx. POB rith 2000# for 30	1/4# flocele and salt per sx. DV th 1050 sxs Trinit O sxs Neat cement Third stage:	6/10 of 1 tool set a ty Litewat with 11.2 cemented v 5. Cemer	age: cemented will Halad-9 per sat 6906. POB 75 te with 5# Gilso with 3500 sxs Tout circulated.	ith 950 sx foll :00 PM onite a DV to rinity	
. I hereby certify that the f	_2				etern millindes not hargical et aud hargical et aud fendel millindes not hargical et aud fendel millindes et aud fendel et auf fendel et aud fendel et aud fendel et auf f
SIGNED SIGNED	reguing is true and correct	n	ist Adm C	<u>-</u>	
(This space for Federal or	State office	TITLE D	ist. Adm. Supvr		DATE 12-6-65
APPROVED BY CONDITIONS OF APPROV		TITLE		APPR	
				DEC	Complete Com