

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.

NM-0553893

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	South Lea Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
Humble Oil & Refining Company	-
9. ADDRESS OF OPERATOR	9. WELL NO.
Box 1600, Midland, Texas 79701	1
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
1,980' FWL & 1,980' FSL	Wildcat (Ellenburger)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DE, RT, GR, etc.)	Section 17
	T-26-S, R-36-E
	12. COUNTY OR PARISH 13. STATE
	Lea New Mexico

## 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 checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.)\*

Dug 36" hole from 0 to 60' with rethole machine.

Set 39.75' of 30" 118.7# Csg. Cemented w/95 cubic ft. ready mix.

Drilling rig spudded 26" hole at 3:30 A.M. 7-15-69.

Drilled 26" hole to 640'. Ran 21 jts. 94# H-40 casing.

Set at 657'. Cemented w/1,300 sacks Class A w/2% Cal Clo, followed w/100 sacks Common Class A. POB 2:30 A.M. 7-16-69. Cmt. circ. WOC 48 hours. Tested casing w/500# for 30 min. no drop in pressure.

Drilled plug at 2:30 P.M. 7-18-69.

Base of alluvium 620'. Depth setting approved by Arthur Brown.

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

SIGNED

*J. E. Pinkerton*

TITLE Proration Supervisor

DATE 7-29-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: