Form 9-331	11 °E	STATES	SUBMIT IN TRIL A	TE• Form appr	oved.	
May 1063)		F THE INTERIO	(Other instruction, n	re- 5. LEASE DESIGNATION	reau No. 42-R1424. ON AND SERIAL NO.	
•		ICAL SURVEY	1 my 19	1. LC 029342c		
CHND	DV NOTICES A	ND REPORTS OF	N WELLS	6. IF INDIAN, ALLOT	TEE OR TRIBE NAME	
(Do not use this for	m for proposals to drill	or to deepen or plug bac	k to a different reservoir.			
	Jse "APPLICATION FOR	PERMIT— for such prop	OSSUS. /	7. UNIT AGREEMENT	NAME	
OIL X GAS WELL	OTHER				-	
WELL LAJ WELL LJ OTHER  2. NAME OF OPERATOR					8. FARM OR LEASE NAME	
Sinclair	W. D. Mc Iv	ityre "C"				
ADDRESS OF OPERATOR				9. WELL NO.	*	
P. O. Box 1920, Hobbs, New Mexico  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL	, OR WILDCAT	
See also space 17 below At surface	)			Grayburg Ja	ckson	
330' from North	11. SEC., T., R., M.,	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA				
21-17S-30E	DIE 44.00 BING 770	TIOM HODD II.	0 01 000	Section 21-	-175-30E	
		(6) 11 11 11 11	on on otal	12. COUNTY OR PAR	ISH 13. STATE	
14. PERMIT NO.	15. ELEV	ATIONS (Show whether DF, 5		Eddy	New Mexi	
	<u> </u>			01.0		
16.	Check Appropriate	Box To Indicate No	ture of Notice, Report,			
NO	TICE OF INTENTION TO:		<b>#</b> Ū!	BREQUENT REPORT OF:	~~~	
TEST WATER SHUT-OFF	PULL OR AL	TER CASING	WATER SHUT-OFF	REPAIRI	NG WELL	
FRACTURE TREAT	X MULTIPLE	COMPLETE	FRACTURE TREATMENT		G CABING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON	MENT*	
REPAIR WELL	CHANGE PL	ANS	(Other)(Note: Report re	esults of multiple complet	ion on Well	
(Other)			Completion or Re details, and give pertinent ons and measured and true v	completion Report and Log	date of starting 8	
	Frac open hole	2600-3218' w/aj	and run Gamma R	. fresh water a	nd 50000#	
	sand, fluid los	s additive and	2500# rock salt.	Return to produ	action.	
			r N		:O	
		RECEIV	<b>- -</b>			
		. (4)		CE	all all	
		SEP 1 19	66	RECEIVE ANGS 1 U.S. GEOLOG U.S. REESIA	SURGO	
				1/2 3 C.	ICUT MEY	
		O. C. C	• • • • • • • • • • • • • • • • • • • •	REOLIVE	HEM	
		ARTESIA, UFF	102	S. CESIA.		
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	· 2	t			-	
18. I hereby certify that	the foregoing is true and	I correct	Compand met amal amet		9 20 44	
SIGNED - CLE	7- ×2	TITLE	Superintendent	DATE	8-30-66	
(This space for Feder	al or State office use)		· · · · · · · · · · · · · · · · · · ·			
	<u> </u>	MIMY TA		DATE		
APPROVED BY CONDITIONS OF AP	PROVAL, IR ANY:	TITLE			i e	
2021	ac L					
APDO 31 19	00					
alle of	erg \	*See Instructions	on Reverse Side	** *****		

Orig&2cc: USGS Artesia cc: Region Office cc: file