

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 1 INDICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <del>SINCLAIR OIL CORPORATION</del> OCT 1 1968 Sinclair Oil & Gas Company	8. FARM OR LEASE NAME Turner "B"
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' fr South line and 1980' fr West line Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-T17S-R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3672' DF	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut Well In Temp	
(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.)\*

Well shut-in. Held for future development.  
Propose to hold for possible future use in waterflood operation.

RECEIVED

RECEIVED  
MAR 9 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED <i>[Signature]</i>	TITLE Superintendent	DATE 2-23-67
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(This space for Federal or State office use)

APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED  
MAR 10 1967  
R. L. BECKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

Orig & 4cc: USGS Artesia  
cc: Regional Office  
cc: file