

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY ✓ | | 8. FARM OR LEASE NAME Turner "A" |
| 3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240 | | 9. WELL NO. 12 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' fr the North line and 660' fr the East line | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-T17S-R31E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3675' 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 checked="" 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 type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <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.) *

Present Total Depth. 3433', PBTD 3381'. Well presently Shut-in. Completed in Open Hole 2960-3381'.
PROPOSE TO: Frac Open Hole Interval 2960-3100' w/approx. 30,000 gals. treated wtr. plus approx. 30,000# sand and blocking material in 3 stages. Clean out to 3410', put on pump.

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

SIGNED [Signature] TITLE Superintendent DATE 2-27-68

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 28 1968
R. L. BELLAMIAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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