

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 1 LOCATE\*  
(Other instructions on reverse 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
SINCLAIR OIL & GAS COMPANY

3. ADDRESS OF OPERATOR  
P. O. Box 1920, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1930' fr the West line and 2050' fr the South line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Spud, run surf. csg. cement & test X

(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.)\*

1-3-68 Spud 12-1/4" hole 11:00 AM 1-3-68 and drilled surface & anhydrite & sand to 496'. Drilled red bed 496-605'.

1-4-68 Ran 9-5/8" OD 32.30# H-40 casing set @ 605' and cemented w/350 sks. Incor Class C cement plus 2% Cal. Chl. Cement Circulated. WOC 24 hrs.

1-5-68 Pressure tested casing to 800# for 30 mins. Tested O.K.

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

SIGNED

TITLE

Superintendent

DATE

1-8-68

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

JAN - 9

R. L. BLANK

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

Orig & 4cc: USGS, Artesia, N.M.

cc: Regional Office

dc: file

RECEIVED  
JAN-9-1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO