

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI-
(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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (A)	
2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from the South line and 660' from the West line		8. FARM OR LEASE NAME Turner "A" SP	
14. PERMIT NO.		9. WELL NO. 37	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Wildcat - Cisco	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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 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"/> SpudRun & set 13-3/8"OD surf. csg & cem. & test.	

(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.)*

- 5-16-68 Spudded 17-1/2" hole 8:00 PM, drilled surface red bed and anhydrite to 403'.
- 5-17-68 Ran 13-3/8"OD 48# H-40 ST&C casing set @ 403' and cemented w/400 sacks incor plus 2% Cal. Chl. plus 1/4# Flocele per. sk. Slurry Wt. 14.8#. Cement circulated. 50 sacks out. WOC 22-1/2 hrs.
- 5-18-68 Pressure tested casing to 1000# for 30 mins. Tested O.K.

RECEIVED

RECEIVED
MAY 21 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Superintendent

DATE 5-20-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

TITLE MAY 21 1968

DATE

R. L. DEANMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Orig&cc: USGS, Artesia
cc: Regional Office
cc: 417