

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

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

Form approved by  
Budget Bureau  
5. LEASE DESIGNATION AND SURVEY NO.

**MM 05792**

**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. WELL TYPE OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <b>X</b> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <b>Sinclair Oil &amp; Gas Company</b>	6. IF INDIAN ALLOTTEE <input type="checkbox"/>
3. ADDRESS OF OPERATOR <b>501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo.</b>	7. UNIT AGREEMENT NAME -	8. FARM OR LEASE NAME <b>Graham "B" WH Federal</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: <b>Unit Letter "B"</b> <b>1000' f/South line and 1790' f/West lines Sec. 4-27N-8W</b>	9. WELL NO. <b>5</b>	10. FIELD AND POOL, OR SURVEY OR AREA <b>So. Blanco-Pictured Cliff</b>
14. PERMIT NO. <b>Mr. J. L. Ward, 3/22/66</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6735' G.L.</b>	11. SEC., T., R., M., OR BLM. SURVEY OR AREA <b>Section 4-27N-8W,</b>
	12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>New Mexico</b>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u> <input checked="" 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.)\*

**Hauled in tanks, and hauled free water.**

**4/23/66 3154' PBTD - Perforated Pictured Cliffs 2920-32' w/ 2 jet holes per ft. Free perms w/ 35,000# 10-20 sand, 34,000 gal gelled water w/ 2 1/2" FB-8 per 1000 gal., Brk fm @ 2200#, MEP 2900#, ATP 2700#, AIR 60 BPM, ISD 800#, 5 min SIP 750#. Picked up 2-3/8" OD 4.7# tubing, checked sand, no fill-up, landed 101 jts at 2911'. Nipped up head.**

**4/24/66 3154' PBTD - Subd and kicked off @ 10 a.m. 4/24/66. 6 hour Company completion test on Pictured Cliffs perms 2920-32', FABO 1070 MCFPD, 3/4" choke, FTP 260#, PCP 690#, 1 hr SIPP 780#, SICP 810#. COMPLETED SI GAS WELL 4/24/66 - Waiting on connection.**

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

SIGNED *M. F. Brown* TITLE Chief Office Clerk DATE 4/27/66

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

