

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 <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. MM - 85791
2. NAME OF OPERATOR Sinclair Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80203		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 Unit Letter "H" - 850' r/south & 1600' r/west line Sec. 3		8. FARM OR LEASE NAME Graham "B" NW Federal
14. PERMIT NO. Mr. Seelinger, 10/11/68		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5851' OL, ungraded		10. FIELD AND POOL, OR WILDCAT So. Blanco - Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-27N-8W
		12. COUNTY OR PARISH San Juan
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Setting oil string.	<input checked="" 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.)*

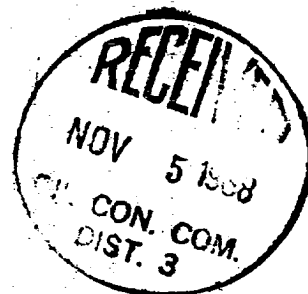
Drilled to 2160' Total depth. Ran HES & GR-Density logs. Set 68 joints 4 1/2" OD casing @ 2159' ODI w/100 sx House light cement, tailed w/100 sx neat cement. PD 11 PM 10-29-68. WOC.

Prep to perforate and complete.

RECEIVED

NOV 4 1968

U. S. GEOLOGICAL SURVEY



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

SIGNED M. E. Brown TITLE Chief Office Clerk DATE Oct. 11, 1968
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: