

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 082

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 **Salt Water Disposal**

2. NAME OF OPERATOR
SINCLAIR OIL CORPORATION
Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969

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
1650' FSL and 990' FWL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3664' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ballard DE Federal

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Lynch Yates-Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-T20S-R34E

12. COUNTY OR PARISH
Lea

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 <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 checked="" type="checkbox"/> Convert SI oilwell to S/DW	

(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.)*

9-27-68 Ran 2-3/8"OD EUE 8RD 4.7# J-55 tubing w/Baker Model "AD" Plastic Coated Tension packer set @ 2070'. Took Injection rates as follows;

Time	Press.	AIR B/M	Total Fluid
40 Mins.	1250#	1.90	76
30 Mins.	1500#	3.34	176
12 Mins.	1750#	4.00	224
15 Mins.	900#	.66	234
15 Mins.	1200#	1.40	264
15 Mins.	1250#	1.60	288
15 Mins.	1300#	2.00	318
15 Mins.	1700#	2.60	358
3 Mins.	1800#	5.00	373

10 mins. SIP 1000#.

12-2-68 Pulled 2070' of 2-3/8"OD 4.7# J-55 8R EUE tubing and Baker Model "AD" P.C. packer. Ran 2-3/8"OD EUE 4.7# J-55 8R tubing internally Plastic-Coated and seal rings to 3577' and set in Baker Model "AD" Plastic-Coated tension packer set @ 3579'. Filled annulus w/treated fresh water, with annulus left open to surface. Completed as salt water disposal well in Lynch Pool in accordance with Oil Conservation Commission as approved by Case No. 3854, Order No. R-3498.

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

SIGNED

[Signature]

TITLE

Superintendent

DATE

12-4-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

Orig&cc: USGS, Hobbs

cc: Southern Region (West Texas)

cc: Partner

cc: file

*See Instructions on Reverse Side

DEC 1968

J. L. GORDON
ACTING DISTRICT ENGINEER

UNITED STATES
DEPARTMENT OF THE INTERIOR

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Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
NM 082

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to re-drill or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
SINCLAIR OIL & GAS COMPANY

8. FARM OR LEASE NAME
Ballard DE Federal

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

9. WELL NO.
6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' fr South line and 990' fr West line

10. FIELD AND POOL, OR WILDCAT
Lynch Yates-Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-T20S-R34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3664' GR

12. COUNTY OR PARISH
Lea

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) Convert SI oilwell to SWDW.

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*

(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: 3750'. PBTD 3717'. Well presently completed in Seven Rivers formation 3686-3700', 3670-3674', 3658-3661', 3652-3654' and 3636-3630'.

PROPOSE TO: Run 2-3/8"OD plastic lined tubing and 4-1/2" tension packer set in 4-1/2"OD liner @ approx. 3600'. Load casing with inhibited fresh water, pressure gauge attached to annulus or annulus left open @ surface. Dispose of produced salt water into the Yates-Seven Rivers formation in accordance w/Oil Conservation Commission as approved by Case No. 3854, Order No. R-3498.

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

SIGNED [Signature] TITLE Superintendent DATE 9-19-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig⁴cc: USGS, Hobbs
cc: Regional Office
cc: Partner
cc: file

APPROVED
SEP 23 1968
A. R. BRIGGS
DISTRICT ENGINEER

*See Instructions on Reverse Side