

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions
verse side)

YES
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NW 0897

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fletcher ADE Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lynch Yates Seven Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, T20S, R34E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Sinclair Oil & Gas Company

3. ADDRESS OF OPERATOR

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

990' from the North line and 990' from the West line.

14. PERMIT NO.

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

DF 3730'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Perform Remedial Work ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.) *

Total depth 3725', PBTD 3719' Presently completed in the Yates Seven Rivers, Perforations 3605-15' and O. H. 3680-3719.

Propose To: Set C.I. Plug in 5 1/2"OD casing at approx. 3640' and displace 2 sks. cement to approx. 3630'. Return to production in present Yates Seven Rivers perfs. 3605-15'.

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

SIGNED

TITLE

Superintendent

DATE

3-15-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Orig. & 4cc: USGS, Hobbs, N.M. CC: Regional Office,

cc: file

*See Instructions on Reverse Side

