

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029429-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY		8. FARM OR LEASE NAME H. E. West "B"	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' fr the South line and 1980' fr the East line		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-T17S-R31E		12. COUNTY OR PARISH Eddy	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	
		18. 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 checked="" type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" 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"/>		<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"/>		<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.)*

Total Depth Drilled 3725'. PBTD 3716'. Presently completed in Metex perms. 3393-3401' and Square Lake 3430-35', 3443-48' and 3456-64' producing 3 BOPD and 7 BWPD.

PROPOSE TO: Perforate opposite the Premier approx. 3523-27', 3540-48' and 3555-60'. Breakdown perms. 3523-3560' w/approx. 500 gals. M.A. Frac all perms. Premier 3523-3560', Metex 3393-3401' and Square Lake 3430-64' w/approx. 40,000 gals. gel wtr plus approx. 40,000# sand. Return to production.

RECEIVED
FEB 28 1968

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

SIGNED

TITLE

Superintendent

DATE

2-27-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
FEB 28 1968
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Orig&4cc: USGS, Artesia, cc: Regional Office, cc: file