

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B"

9. WELL NO.

37

10. FIELD AND POOL, OR WILDCAT

Fren

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

17-T17S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mex.

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 ☐
SINCLAIR OIL CORPORATION
Effective March 4, 1969

2. NAME OF OPERATOR

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

330' fr S line and 990' fr W line

14. PERMIT NO.

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

3676' DF

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Shut well in

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.)*

12-16-68 Shut well in. Non-productive and holding for future use in a waterflood operation.

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

SIGNED

TITLE

Superintendent

DATE

12-16-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Orig&4cc: USGS, Artesia, N.M.
cc: Southern Region (West Texas)
cc: file

*See Instructions on Reverse Side

