|   | e   |  | -                                      |  |
|---|---|--|--|--|
| Form 9-331<br>(May 1963)                          |   | ED STATES  |  | CATE Form approved.  Budget Bureau No. 42-R1424  |
|   | DEPARTMENT                                    | OF THE INTER                                       | D. 5. LEASE DESIGNATION AND SERIAL NO. |  |
| <del></del>                                       | GEOLO   | GICAL SURVEY                                       | Lapy                                   | LC 029395 (a)  |
| SUN   | DRY NOTICES                                   | AND REPORTS  | ON WELLS                               | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| (Do not use this                                  | form for proposals to d<br>Use "APPLICATION F | rill or to deepen or plug<br>'OR PERMIT—" for such | back to a different reservoir.         |  |
| 1.  |   |  |  | 7. UNIT AGREBMENT NAME   |
| WELL X GAS OTHER                                  |   |  |  | ľ  |
| 2. NAME OF OPERATOR                               |   |  |  | 8. FARM OR LEASE NAME  |
| Sinclair Oil & Gas Company 3. ADDRESS OF OPERATOR |   |  |  | Turner "A"   |
| P. O. Box 1920, Hobbs, New Mexico 88240           |   |  |  | 9. WELL NO.  |
| 4. LOCATION OF WELL (R                            | eport location clearly at                     | nd in accordance with an                           | y State requirements.*                 | 10. FIELD AND POOL, OR WILDCAT   |
| See also space 17 belo<br>At surface              | •   |  |  | Grayburg Jackson   |
| 660' fr the                                       | South line and                                | l 660' from the                                    | East line                              | 11. SEC., T., R., M., OR BLK. AND  |
|   | •   |  |  | 18-T17S-R31E   |
| 14. PERMIT NO.                                    | 15 =  | (Ch. )   |  |  |
|   | 16. 2   | EVATIONS (Show whether                             | Eddy New Mex.                          |  |
| 16.   |   |  | 3695                                   |  |
| 10.   | Check Appropri                                | ate Box To Indicate                                | Nature of Notice, Report               | t, or Other Data   |
| X   | OTICE OF INTENTION TO                         | SUBSEQUENT REPORT OF:                              |  |  |
| TEST WATER SHUT-OF                                | PULL OR                                       | ALTER CASING                                       | WATER SHUT-OFF                         | REPAIRING WALL   |
| FRACTURE TRUAT                                    | <u> </u>                                      | COMPLETE   | FRACTURE TREATMENT                     | ALTERING CASING  |
| SHOOT OR ACIDIZE REPAIR WELL                      | ABANDON                                       | <del></del>  | SHOOTING OR ACIDIZI                    | NG ABANDONMENT*  |
|   | rt oilwell to                                 |  | (Other) (Norm: Report                  | results of multiple completion on Well   |
| 17. DESCRIBE PROPOSED OR                          | COMPLETED OPERATIONS                          | (Clearly state all pertine                         |  | Recompletion Report and Log form.) t dates, including estimated date of starting any             |
| nent to this work.)                               | well is directionally dr                      | illed, give subsurface loc                         | nations and measured and true          | dates, including estimated date of starting any vertical depths for all markers and sones perti- |
| T.D. Drilled                                      | 3390'. Deepen                                 | ed to 3451!.                                       | Presently producti                     | ng 4 BOPD and 1 BWPD.  |
| Completed O.H                                     | . 2950-3451                                   |  | ricocitary producti                    | ig 4 horb and 1 hmb.   |
|   |   |  |  |  |
| PROPOSE TO:                                       | Clean out to t                                | otal depth if                                      | necessary, load ho                     | ole w/water and run Gamma  |
|   | Ray-Neutron-Co                                | llar Log. Run                                      | 2-3/8"OD tubing a                      | and packer set @ approx.   |
|   | Jackson Onen H                                | t from product                                     | ng oliwell to wate                     | er injection well, Grayburg  |
|   | odenben epan n                                | 010 2//0-/4/1                                      | IN MUSSELL TURNE                       | wateritood Area.   |
|   |   |  |  |  |
|   |   |  |  |  |
|   | •   |  |  |  |
|   |   |  |  |  |
|   |   | * •  | ,                                      | E CO   |
|   |   |  | •                                      | -EIVE  |
|   |   |  | •                                      | 2E4 61   |
|   |   |  |  | RECEIVED NOV2 1967 NOV2 1967 SURVEY  |
|   |   |  |  | NO NGICAL SEXICO   |
|   |   |  |  | NOV2 1967<br>NOV2 1967<br>U. S. GEOLOGICAL SURVEY<br>NEW MEXICO                                  |
|   |   |  |  | U. S. GEOLOGICAL MEXICO.<br>ARTESIA, NEW MEXICO.   |
| 18. I hereby certify that                         | the foregoing is type an                      | d correct  |  |  |
|   | 20 110-6                                      |  | The selection is                       |  |
| SIGNED  | 1/48200                                       | <u>-C</u> TITLE                                    | Engineer                               | DATE10-31-67   |
| (This space for Feder                             | al or State office yes                        |  |  |  |
| APPROVED BY                                       | Sir Sir                                       | TITLE _  | ISTRICT ENGLIEER                       | DATE   |
| CONDITIONS OF AF                                  | PROVAL, IF ANY:                               | 1)   |  | a filter filter  |

\*See Instructions on Reverse Side

Orig&4cc: USGS, Artesia, N.M. cc: Regional Office cc: file