Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Copy to

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (a)

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.)

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

Turner "A"

3. ADDRESS OF OPERATOR

P. O. Box 1920, Hobbs, New Mexico 88240

9. WELL NO.

25

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' fr North line and 2310' fr East line

10. FIELD AND POOL, OR WILDCAT

Fren

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

19-T17S-R31E

14. PERMIT NO.

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

3642' GR

12. COUNTY OR PARISH | 13. STATE

Eddy | 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) Shut Well In

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.)*

PROPOSE TO: Non-productive, shut-in.
Propose to hold for possible future use in waterflood operations.

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

SIGNED _____   TITLE Superintendent   DATE 2-23-67

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 2 ___
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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