

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1. I.C.A.T.E.*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "A"

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Fren

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

19-T17S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL ☒ GAS ☐
WELL ☒ ~~SINCLAIR OIL CORPORATION~~ ~~OCT 1 1968~~

2. NAME OF OPERATOR
Sinclair Oil & Gas Company

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

990' fr North line and 2310' fr East line
Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

14. PERMIT NO.

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

3642' GR

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.)*

Well shut-in, held for future development.

Propose to hold for possible future use in waterflood operations.

RECEIVED
MAR 9 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED
MAR 10 1967
R. L. BECKMAN
DISTRICT ENGINEER