

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b)

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 <del>SINCLAIR OIL CORPORATION</del> SINCLAIR OIL & GAS COMPANY		8. FARM OR LEASE NAME Turner "B"	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' fr the North line and 660' fr the West line Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3666' GR		12. COUNTY OR PARISH Eddy	
		13. 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 type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input 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"/>	

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) Convert oilwell to WIW <input checked="" 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.)\*

12-28-67 Clean out w/ sand pump 3427-32'. Ran 2-3/8"OD tubing and B.O.T. packer to 2802'.

12-29-67 Converted from oilwell to water injection well in Grayburg Jackson Open Hole interval 2890-3432' in Russell-Turner Waterflood Area.

RECEIVED  
JAN-4-1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Superintendent DATE 1-3-68

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED  
JAN - 4 1968  
R. L. DEAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

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