Form 9-331 (May 1963)	NITED STATES DEPARTMENT OF THE INTER GEOLOGICAL SURVEY	SUBMIT IN T LICATE OF COMMENT OF THE SUBMIT IN T LICATE OF THE SUBMIT	Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.  LC 029395 - B
(Do no	SUNDRY NOTICES AND REPORTS t use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such	ON WELLS back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
i. om 25%	GAS		7. UNIT AGREEMENT NAME
weer 🗀	WELL OTHER		
2. NAME OF OF	SINCLAIR CIL & GAS COMPANY		8. FARM OR LEASE NAME TUrner "B"
3. ADDRESS OF	OPERATOR		9. WELL NO.
Ē	P. O. Box 1920, Hobbs, New Mexico	88240	79
4. LOCATION OF See also spa	F WELL (Report location clearly and in accordance with an	y State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface			Grayburg Jackson
1980	o' fr the West line and 2050' fr th	ne South line	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			20-T17S-R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether I	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENTION TO:	•	JENT REPORT OF:
TEST WATE	R SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE T	TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR A	ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WEI	CHANGE PLANS	(Other) Spud, run su	rf.csg.cement &test X
(Other)		(Note: Report results	of multiple completion on Well etion Report and Log form.)
17. DESCRIBE PRO proposed nent to thi	OPOSED OR COMPLETED OPERATIONS (Clearly state all pertine work. If well is directionally drilled, give subsurface localist work.)*	nt details, and give pertinent dates, ations and measured and true vertica	including estimated date of starting any l depths for all markers and zones perti-
1-3-68	Spud 12-1/4" hole 11:00 AM 1-3-68 496'. Drilled red bed 496-605'.	and drilled surface	& anhydrite & sand to
1-168	Ran 9-5/8"OD 32.30# H-40 casing s Class C cement plus 2% Cal. Chl.	set @ 6051 and cemente	d w/350 sks. Incor
1-5-68	Pressure tested casing to 800# for	or 30 mins. Tested 0	MOO εφ III o∙ K.
_ / 50	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 JO MIIIG. 165060 O.	
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U.S. GEOLOGICAL SURVEY

ARTESIA, NEW MEXICO

8. I hereby certify that the foregoing is true and correct  SIGNED TITLE Superintendent  (This space for Hederal or State office use)	SIGNED			
DATE	(This space for Hederal or State office use)		Command and and	1-8-68
	CONDITIONS, OF TOPROVAL, IF ANY:	(This space for Hederal or State office use)		DATE

\*See Instructions on Reverse Side

Orig&4cc: USGS, Artesia, N.M.

cc: Regional Office

dc: file