

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY U. S. G.

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 063427

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

~~Federal~~ Carruth WN

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

25-T9S-R37E

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Sinclair Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 1920, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 2310 feet fr the North line and 660 330 feet fr the East line
of Sec. 25-T9S-R37E, Lea Co., New Mex.

14. PERMIT NO.

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

3972' CR

12. COUNTY OR PARISH

Lea

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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.)*

PBTD 4975'. PROPOSE TO PLUG AND ABANDON AS FOLLOWS:

PROPOSE TO: Set cement plug across perforations 4850-4975' and 50' cement above top perforation. Fill hole w/heavy mud.
Set cement plug (20 feet) in top of 9-5/8"OD casing, set regulation dry hole marker, clean and level location.

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

SIGNED

TITLE

Superintendent

DATE

1-24-66

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Orig&2cc: USGS Hobbs, cc: Regional Office, cc: file

