Form	9-331
(May	1963)

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

II

(May 1963)	, LED SIAIES SUBMIT IN TR (CATE)	
	DEPARTMENT OF THE INTERIOR (Other instruction, on re	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	LC 028775-A
(Do not u	SUNDRY NOTICES AND REPORTS ON WELLS 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
OIL X	WELL OTHER SINCLAIR OIL CORPORATION	7. UNIT AGREEMENT NAME
2. NAME OF OPER	ATOR OCT 1 10CO	8. FARM OR LEASE NAME
~Sinole	Tree Company -UUT 1 1300	F. M. Robinson A Unit
3. ADDRESS OF O	PEBATOR	9. WELL NO.
P. O.	Box 1920, Hobbs, New Mexico 88240	8
At surface	·	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
1980'	Inter Atlantic Richfield	COMPANY OR AREA
	effective March 4, 1	96 Sec. 27-T17S-R29E
14. PERMIT NO.	15. BLEVATIONS (Show whether DF, RT, GR, etc.) 3.5571 GR	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Shut Well

5-6-68 Well is non-productive and has been shut-in. Holding for further development as producing well or WIW in a future waterflood area.

MAY O 1958

ANTERIA C. C. TO.

SUBSEQUENT REPORT OF:

In

18. I hereby certify that the foregoing is true an	Correct Superintendent	DATE 5-6-68
(This space for Federal or State office use) APPROVED BY	TITLE	PROVED
CONDITIONS OF APPROVAL, IF ANY: Orig&3cc: USGS, Artesia		100%
cc: Regional Office cc: file	*See Instructions on Reverse Side	1 De Min