

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE (CATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 028775-A
2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY <u>SINCLAIR OIL CORPORATION</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' fr South line and 1980' fr East line. Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969		8. FARM OR LEASE NAME F. M. Robinson A Unit II
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3556' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T17S-R29E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

18.

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) <input checked="" type="checkbox"/> Shut Well In	

(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.)*

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.

RECEIVED
MAY - 7 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED
MAY 9 1968
D. C. C.
ARTESIA, OFFICE

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

SIGNED

TITLE

Superintendent

DATE

5-6-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Orig&3cc: USGS, Artesia
cc: Regional Office
cc: file

*See Instructions on Reverse Side

APPROVED
MAY 7 1968
R. L. C. C.
ARTESIA, OFFICE