

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.
Las Cruces 028775 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Sinclair Oil & Gas Company		8. FARM OR LEASE NAME F. M. Robinson "B" Unit I	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' fr the South line and 1980' from the West line		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T17S-R29E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3532' GR		12. COUNTY OR PARISH ddy	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) SHUT WELL IN <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.)*

PROPOSE TO: Shut Well In. Non-Productive.
Propose to hold for use in future waterflood operation.

RECEIVED

JUN 19 1967

G. C.
ARTESIA, OFFICE

RECEIVED
JUN 13 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
JUN 10 1967

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

SIGNED [Signature] TITLE Superintendent

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JUN 16 1967
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side Orig & cc: USGS, Artesia
cc: Regional Office
cc: file