| Form 9-331<br>(May 1963)  | TED STATES   | SUBMIT IN TR .CATE*  | Form approx<br>Budget Bure   | ved.<br>eau No. 42–R1424.                       |  |
|---|--|--|--|---|--|
|   | DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY   | OR verse side)   | Las Cruces O   |   |  |
|   | NDRY NOTICES AND REPORTS C s form for proposals to drill or to deepen or plug be Use "APPLICATION FOR PERMIT—" for such pr |  | 6. IF INDIAN, ALLOTTE  | EE OR TRIBE NAME                                |  |
| OIL X GAS OTHER   |  |  | 7. UNIT AGREDMENT NAME   |   |  |
| 2. NAME OF OPERATOR   |  |  | 8. FARM OR LEASE NA  | ME  |  |
| Sinclair Uil & Gas Company √ 3. ADDRESS OF OPERATOR   |  |  | F. M. Robinson A Unit II   |   |  |
|   | . O. Box 1920, Hobbs, New Mexic  | co   | 9. WELL NO. 2  |   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.) At surface |  |  | 10. FIELD AND POOL,  | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson |  |
| 440' from the North line and 440' from the East line  |  |  | 11. SEC., T., B., M., OR BLK. AND<br>SURVEY OR ARBA  |   |  |
| 14. PERMIT NO.  | PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |  | Sec. 34-T17S-R29E  12. COUNTY OR PARISH 13. STATE  |   |  |
|   | 3566   |  | Eddy   | New Mexic                                       |  |
| 16.   | Check Appropriate Box To Indicate N  | ature of Notice, Report, or C  | Other Data   |   |  |
|   | NOTICE OF INTENTION TO:  | SUBSEQ   | UENT REPORT OF:  |   |  |
| TEST WATER SHUT-  |  | WATER SHUT-OFF   | REPAIRING  |   |  |
| FRACTURE TREAT SHOOT OR ACIDIZE   | MULTIPLE COMPLETE  ABANDON*  | FRACTURE TREATMENT SHOOTING OR ACIDIZING   | ALTERING (   | <u>  </u>                                       |  |
| REPAIR WELL   | CHANGE PLANS   | (Other)  |  |   |  |
| (Other)   | Shut-Well-In X   | (Note: Report results<br>Completion or Recomp  | of multiple completion<br>letion Report and Log fo   | on Well<br>orm.)                                |  |
| proposed work. I<br>nent to this work.)   |  | ions and measured and true vertic  | , including estimated da<br>al depths for all market   | te of starting any<br>rs and zones perti        |  |
| PROPOSE TO:   | Shut Well In. Non-Productive   |  |  |   |  |
|   | Propose to hold for use in fu  | iture water flood ope  | eration.   | • • •   |  |
|   |  |  |  | •<br>:  |  |
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|   | Juni 2 9 196 <b>7</b>  | مستمل المستمل المستم المستمل المستم المستم المستمل المستمل المستمل المستمل المستمل الم | SILEY  |   |  |
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|   | ·  |  | STESIN   | · · · · · · · · · · · · · · · · · · ·           |  |
|   |  | Ÿ ·  | ARIL   |   |  |
| 18. I hereby certify tha  | t the foregoing is true and correct  |  |  | · · · · · · · · · · · · · · · · · · ·           |  |
| -BIGNED CO  | 1. /=\   | perint end ent   | DATE 6   | -9-67   |  |
| (This space for   | Canor State office use)  |  | DATE   | ——————————————————————————————————————          |  |
| (This space 10)   | Granor State omce use)   |  |  | ## 1  |  |
| ONDITIONS OF A  | PPROVAL, IF ANY:   |  | DATE   |   |  |
| 1967  | Leave to the second  |  |  |   |  |
| JUN 1 DIMA  | i rea  |  |  | •   |  |
| A R. L. BEENVEN   | *See Instructions  | on Reverse Side Orig&4c  |  |   |  |
| ACTING DISTRICT   |  |  | c: Regional Of<br>c: file  | IICe  |  |