

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruct
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028775 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Robinson "B" Unit III

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

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

35-T17S-R29E NM PM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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"/>	
2. NAME OF OPERATOR Sinclair Oil & Gas Company SINCLAIR OIL CORPORATION	
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' from South line and 1980' from West line	
14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3542' DF	

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"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
ABANDON* <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
CHANGE PLANS <input 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.)*

- 5-13-66 Ran 2-3/8"OD tubing and packer set @ 3085' tested C.I. Bridge Plug @ 3108' to 3000# for 30 mins. tested o.k. Reset packer to 3030' found casing leak 3035' to 3080'. Pumped in to formation @ 400# to 1700#.
- 5-14-66 Ran 2-3/8"OD tubing open ended to 3085'. Spotted 75 sacks Reg. cement 3085' to 2745'. WOC 24 hrs. Tested casing to 1000# for 30 mins. Tested O.K.
- 5-18-66 Sand Oil Frac Grayburg perforations (Loco Hills) 2554-72' w/15,000 gals. refined oil and 15,000# sand w/adomite in in 3 stages Max. Press. 3100#, Min. Press. 2950# @ 23.4 Bbl. PM.
- 6-14-66 On potential test ending 6:00 PM 6-14-66 24 hrs. pumped Grayburg perforations 2554-72' 14 BNO Gvty 34.2. GOR 1590:1. No Water.

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

SIGNED

TITLE

Superintendent

DATE

6-15-66

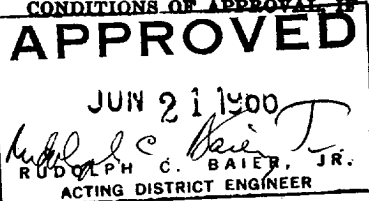
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

Orig & 2cc: USGS Artesia
cc: Regional Office
cc: file