

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE ICATE\*  
(Other instructions on reverse 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"/> 2. NAME OF OPERATOR Sinclair Oil & Gas Company 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 2310' fr South line and 1650' fr West line 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635' GR		5. LEASE DESIGNATION AND SERIAL NO. Lee Graces 029342-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.M. 4-1-1922 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME W. D. McIntyre "D" A. 2 9. WELL NO. 2 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-T17S-R30E 12. COUNTY OR PARISH Eddy 13. STATE New Mexico
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: <table border="0" style="width:100%;"> <tr> <td style="width:50%;">           TEST WATER SHUT-OFF <input type="checkbox"/>            FRACTURE TREAT <input checked="" type="checkbox"/>            SHOOT OR ACIDIZE <input type="checkbox"/>            REPAIR WELL <input type="checkbox"/>            (Other) <input type="checkbox"/> </td> <td style="width:50%;">           PULL OR ALTER CASING <input type="checkbox"/>            MULTIPLE COMPLETE <input type="checkbox"/>            ABANDON* <input type="checkbox"/>            CHANGE PLANS <input type="checkbox"/> </td> </tr> </table>		TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	SUBSEQUENT REPORT OF: <table border="0" style="width:100%;"> <tr> <td style="width:50%;">           WATER SHUT-OFF <input type="checkbox"/>            FRACTURE TREATMENT <input type="checkbox"/>            SHOOTING OR ACIDIZING <input type="checkbox"/>            (Other) <input type="checkbox"/> </td> <td style="width:50%;">           REPAIRING WELL <input type="checkbox"/>            ALTERING CASING <input type="checkbox"/>            ABANDONMENT* <input type="checkbox"/> </td> </tr> </table>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(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.)\*

Presently completed from 2688-3280' Open Hole. Total Depth 3280'. Producing 2 BOPD  
 PROPOSE TO: Sand Water Frac w/approx. 50,000 Gals. Fresh Water plus 50,000# Sand with fluid loss additive, stage w/2000# rock salt. Test and return to production.

**RECEIVED**

JUL 25 1966

O. C. C.  
ARTESIA, OFFICE

**RECEIVED**  
JUL 1 1966  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Superintendent

DATE

7-13-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

JUL 20 1966

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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