

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN T MATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 029020 (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 Dale H. Parke B Tr. A
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' fr the South line and 990' fr the West line of Section 23-T17S-R30E.	10. FIELD AND POOL, OR WILDCAT Jackson Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-T17S-R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3665' GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

16. 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) Squeeze present Abo perfs.

reperforate Abo acidize & test

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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) (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.)

TD Drilled 6940', PBTD 6940'. Completed presently in Abo 6890-6916', producing 0 BOPD.

PROPOSE TO: Cement squeeze present perforations Abo 6890-6916' w/approx. 100 sks. Reperforate Abo w/2-3/8" jet shots @ approx. intervals of 6831, 34, 40, 50, 51, 53, 61 & 63'. Acidize w/approx. 250 gals. BDA. Reacidize if necessary. Swab back acid water and test.

RECEIVED

JUL 13 1967

U. S. G.
ARTESIA OFFICE

RECEIVED

JUL 12 1967

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JUL 12 1967
R. L. BEEKMAN
ACTING DISTRICT ENGINEER*See Instructions on Reverse Side Orig & 4cc: USGS, Artesia
cc: Regional Office
cc: file