

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1. ICATE*
(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"/> SINCLAIR OIL CORPORATION OCT 1 1968		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:		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) <u>Squeeze present Abo perfs.</u> <input checked="" type="checkbox"/>	(Other) <u>Reperforate & treat</u> <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.)*

- 8-1-67 Set C.I. Ret. in 4-1/2"OD casing @ 6875'.
- 8-2-67 Ran 2-3/8"OD tubing to Model K Ret. @ 6875', squeezed Abo perfs. 6890-6916' w/100 sacks Incor Class "C" plus .8 of 1% Halad 9 Max. Press. 1500#, reverse out 40 sacks. WOC 24 hrs.
- 8-3-67 Pressure tested casing to 1000# for 30 mins. Tested O.K.
- 8-4-67 Jet perf. Abo thru 4-1/2"OD casing 6831-34-40-50-51-53-61-64' w/16-3/8" holes. Acidized Abo perfs. 6831-6864' w/250 Gals. BDA Max. Press. 3200#, Min. 2650#, at 1/4 BPM. Inst. SIP 2800#. First New Oil on 8-4-67.
- 8-5-67 Ran 2-3/8"OD tubing and anchor catcher to 6830' seat nipple to 6800', ran rods, pump and tested.
- 8-8-67 On potential test 24 hours ending 6:00 A.M. 8-8-67 pumped Abo Perfs. 6831-6864' 107 BNC Gvty 41.5 plus 14 BLW. GOR 1900:1.

RECEIVED

AUG 10 1967

O. C. C.

ARTESIA, OFFICE

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

AUG - 2 1967
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Orig & cc: USGS, Artesia, N.M.
cc: Regional Office
cc: FileRECEIVED
AUG-9 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
8-8-67