

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN \_\_\_\_\_ LICATION  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029426 - 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.)

RECEIVED

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 CORPORATION SINCLAIR OIL & GAS COMPANY		8. FARM OR LEASE NAME H. E. West "B"
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240 O. C. C. ARTESIA, OFFICE		9. WELL NO. 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' fr the South line and 1980' fr the East line		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-T17S-R31E
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		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)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

- 3-13-68 Jet perforated San Andres (Premier) 3523-27, 3540-48, 3555-60' w/34 - 3/8" holes. Acidized perfs. 3523-3560' w/500 gals. mud acid Max. Press. 5500#, Min. 2400# @ 2 BPM. ISIP 2100#, 5 mins. SIP 1350#. Swabbed 23 BLW in 2 hrs. 7 swabbed down to 3500'.
- 3-14-68 Fraced Grayburg perfs. 3393-3560' w/10,000 gals. gelled fresh water and 10,000# sand and 300# Poly Phosphate crystals. Max. P. 5800#, Min. 4600# @ 22.7 BPM. ISIP 2600#, 10 mins. SIP 2400#. Frac perfs. 3385-3454, 3540-48 and 3555-60' w/20,000 gals. gelled fresh water and 20,000# sand & 300# Poly Phosphate crystals preceded by 800# rock salt. Max. P. 5000#, Min. 4600# @ 21.7 BPM. ISIP 2700#, 10 mins. 2400#. Pumping for tests.
- 5-7-68 On 24 hrs. test pumped Grayburg perfs. 3393-3560' 0 BO and 140 BFW, no gas. Well shut in, hold for future development. Workover unsuccessful.

Well is Producing. July 1969 Prod - 42160

RECEIVED  
MAY 10 1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Superintendent

DATE 5-8-68

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Orig & 4cc: USGS, Artesia  
cc: Regional Office  
cc: file

\*See Instructions on Reverse Side

APPROVED  
MAY 10 1968  
R. L. BLUMANN  
ACTING DISTRICT ENGINEER