RUDOLPH C. BAIER, J ACTING DISTRICT ENGINEER

N. M. O. C. C. COPT

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SUBMIT IN Th. ACATES

Other instructions of reverse side)

GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 029426 (a)

	GLOCOGICAL SORVET		
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
			7. UNIT AGREEMENT NAME
WELL A WELL OTHE	R	0.007 4 1000	
	VIL CORPORATION - 1	100 1 1000	8. FARM OR LEASE NAME
Sinclai r Oil & G	as Company	Sinclair Oil Corporation Me	H. E. West MAN
. ADDRESS OF OPERATOR		into Atlantic Richfield Comp	pany9. WELL NO.
P. O. Box 1920,	Hobbs, New Mexico	effective March 4, 1969	2
	on clearly and in accordance with a	ny State requirements.•	10. FIELD AND POOL, OR WILDCAT
660 feet from North line and 1980 feet from East line			Grayburg Jackson 11. SEC., T., R., S., OR BLK. AND SURVEY OR AREA
•	•		4-T17S-R31E
. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3955' GL	Eddy New Mexic
· Check	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data
NOTICE OF IN	TENTION TO:	SUBSE	QUENT REPORT OF:
	PULL OR ALTER CASING		
TEST WATER SHUT-OFF		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)(Norm: Report result	ts of multiple completion on Well
(Other)	(Other) (NOTE: Report Features) Completion or Recompl		
5-10-66 Ran 2-7/8"CD 5-13-66 On potential) EUE tubing set @ 33. L test 24 hours ending	M. Inst. SIP 2550#, 1 48' and put on pump to g 6:00 PM 5-13-66 pump 99 BFW, GOR 265:1 for	test. Lagar G 3 4 4 5
			Inscription of the about the about the company of t
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	· (** ** **	diseil.V. Edu	retiff reduction faios faios faios faios residue recinos recin
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. I hereby correct that the toregoin	ng is true and correct		
SIGNED TOUR	TITLE _	Superintendent	5-17-66
	TITLE		S DATE
(This space for Federal or State	office use)		A STATE OF THE STA
APPROVED BY	TITLE		
	EANY:		DATE STATE
APPROVE	וט		Section 1
MAY 1 9,1500		Davana Sida Orig&2c	c: USGS Artesia

*See Instructions on Reverse Side Orig&2cc: USGS Artesia

cc: Regional Office

cc: file