

Form 5-531  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TWO COPIES  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.20 029435 (a)  
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 J. L. Keel "A"	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 6	
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 660' 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 7-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3711' DF		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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

## 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)	<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.)

Well presently completed in O.H. 3141-3485' Grayburg Jackson producing 1 BOPD and no water.

PROPOSE TO: Run Logs and selectively perf. w/2 3/8" jets at approx. 3063, 3069, 3071, 3073, & 3076', 10 holes total. Acidize perfs 3063-76' w/approx. 500 gals. spearhead acid. Frac. perfs 3063-76' w/approx. 5000 lbs sand & approx. 5000 gals. gelled water. Frac O.H. 3141-3485' in 3 stages w/approx. 5000 lbs. sand & approx 300 lbs. polyphosphate, & approx. 5000 gals. gelled water, plus approx. 750 lbs. of rock salt after first stage. Pull packers and cleanout to TD 3485' and put well on test.

RECEIVED

FEB 7 1968

U. S. G.  
ARTESIA, OFFICERECEIVED  
FEB 5 1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Superintendent

DATE 2-2-68

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
FEB - 5 1968  
R. L. BUSHMAN  
ARTESIA, NEW MEXICO

\*See Instructions on Reverse Side

Orig. &amp; 4cc: USGS, Artesia, cc: Regional Office, cc: file