

U. S. GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)ATTN: *Copy 1*Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 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"/>	2. NAME OF OPERATOR SINCLAIR OIL CORPORATION SINCLAIR OIL & GAS COMPANY	3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' fr the South and East lines of Section 7-T17S-R31E <i>Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969</i>	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME J. L. Keel "A"	9. WELL NO. 8	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-T17S-R31E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' DF									

18. 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"/>	

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 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.)*

8-20-67 Ran tubing open-ended to 3250', spotted 10,000# sand 3255-3482' in 3 stages.
8-21-67 Ran 3-1/2"OD tubing and packer to 2653', fraced Grayburg Open-Hole 2761-3255' w/13,000 gals. gelled water (fresh) and 13,000# sand in 3 stages using 1200# moth balls and 300# poly Phosphate crystals, Max. Press. 3750#, Min. 3150# @ 25 BPM, ISIP 2000#, 15" SIP 1800#. 12 hr. SIP 600#.
8-23-67 Pulled 3-1/2"OD tubing and packer and ran 2-3/8"OD tubing w/notched collar on bottom, circulated frac sand 3190-3482', raised tubing to 3374' and ran rods.
9-1-67 On potential test 24 hours ending 6:00 PM 9-1-67 pumped Grayburg Jackson Open-Hole 2761-3482' 46 BNO Gvty 34° plus 178 BFW and gas TSTM. Return to production same interval.

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

SIGNED *[Signature]*

TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

SEP 6 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

*See Instructions on Reverse Side

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