## NITED STATES SUBMIT IN (Other instru. so on reso on reverse side)

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Form approved.

l		Buaget				
5.	LEASE	DESIGN.	ATION	AND	SERIA	L NO.
l	T.C	029	395	ં ( મ	<b>)</b>	

GEOLOGICAL S	SURVEY		1 10	029395 (0)
SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMIT	6. IF INDL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
I. OIL 5-7 GAS □			7. UNIT AC	REEMENT NAME
WELL OTHER  2. NAME OF OPERATOR			<u> </u>	<u>54 ± §</u>
SINCLAIR OIL CORPORA TION				e lease name ler "B"
3. ADDRESS OF OPERATOR	9. WELL N	9. WELL NO.		
P. O. Box 1920, Hobbs, New Mexico	•	<u> 240,000</u>		
<ol> <li>LOCATION OF WELL (Report location clearly and in accord See also space 17 below.)</li> </ol>		10. FIELD AND POOL, OR WILDCAT Fren		
660' fr N line and 1979.4' fr E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
	SUR			
			29-T	17S-R31E
14. PERMIT NO. 15. ELEVATIONS (S		· · · · · ·	12. COUNT	Y OR PARISH 13. STATE
	36	96' DF	Eddy	New Mexic
16. Check Appropriate Box To NOTICE OF INTENTION TO:	o Indicate N		or Other Data	<u> </u>
TEST WATER SHUT-OFF PULL OR ALTER CASI		WATER SHUT-OFF		REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE  8HOOT OR ACIDIZE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CASING ABANDONMENT®
REPAIR WELL CHANGE PLANS		(Other)		
(Other) Shut Well In	X	(Note: Report re Completion or Rec	sults of multiple completion Report	completion on Well and Log form.)
12-11-68 Propose to shut well in in a waterflood operation	on.		eta for in the second and edition in the sec	ture use a lagonomy and the control of the control
DEC 11383 D. C. C. ARTERIA, GERGE		DEC12/968  U. S. GEORGE CON ARTESIA, NEW MEDIC	godes han Kewn nobach bushi blacks streen bas police of the desires yet the years withing to built to reference of prision and	caps inspirations character as the control of the c
18. I hereby certify that the foregoing is true and correct		<u> </u>	<u> </u>	
8IGNED	TITLE	Superintenden	t DAT	ī2-11-68
(This space for Federal or State office use)				<u> </u>
APPROVED BY	TITLE		S. Tam	
conditions of APPROVAL, IF ANY: Orig&Acc: USGS, Artesia, N.M. cc: Southern Region (West T		)C	O DE STORE DE LA COMUNICIONA DEL COMUNICIONA DE LA COMUNICIONA DEL COMUNICIONA DE LA COMUNICIONA DEL	To of Line of