

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1. LOCATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 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.)

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 Turner "B" (B)
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240	9. WELL NO. 55
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from the North line and 660' from 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 Sec. 29-T17S-R31E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3763' GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

OCT 1 1968

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"/>	

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"/>	

(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.) *

7-3-68 Jet perforated Premier 3455-57-59-61-63-65-97-99-3503-23- 51-53-55' w/26 - 3/8" holes. Set C.I. plug @ 3580'.

7-5-68 Acidized Premier perfs. 3455-3555' w/1000 gals. 15% LST acid, 28 - 7/8" ball sealers Max. Press. 3700, Min. Press. 2300# @ 5 BPM. Sand Water Frac w/20,000 gals. gelled Mod. Brine, 1# per. gal. pink salt & 20,000 gals. 20-40 sand in 2 stages plus 300# Polyphosphate crystals. Max. Press. 4200#, Min. Press. 3200# @ 18.3 BPM. ISIP 1350#, 10" 1200#. Pumping for test.

7-20-68 On potential test 24 hrs. ending 6:00 A.M. 7-21-68 pumped Premier perfs. 3455-3555 53 BNO, Gvty 34.2 plus 4 BFW. GOR 670:1.

RECEIVED

JUL 24 1968

O. C. C.
ARTESIA, OFFICE

RECEIVED
JUL 23 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Superintendent DATE 7-22-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side

APPROVED
JUL 23 1968
T. L. DEAN
ACTING DISTRICT ENGINEER