

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424

## 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"/>		2. NAME OF OPERATOR 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 660' from the East line and 1980' from the North line		5. LEASE DESIGNATION AND SERIAL NO. LC 029395-B		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Turner "B" (E)		9. WELL NO. 55		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 29-T17S-R31E		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3763' GR																							

## 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) Convert producing oilwell to ☒ ☐

## 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) ☐(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.)\*

Present Total Depth: 3640'. FBTD 3580'. Completed presently producing from Premier perforation 3455-3555'.

PROPOSE TO: Run 2-3/8" OD tubing &amp; retrievable packer set approx. 3400' and inject into Premier perms. 3455-3555'. Hookup and complete from producing oilwell to water injection well in Russell-Turner Waterflood Area.

RECEIVED

NOV 5 1968

O. C. C.

ARTESIA OFFICE

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

SIGNED

TITLE

Superintendent

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Orig<sup>2</sup>cc: UOGS, Artesia  
cc: Regional Office  
cc: file

\*See Instructions on Reverse Side

RECEIVED  
NOV-4-1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICOAPPROVED  
NOV 4 - 1968  
R. L. BELMONT  
ACTING DIRECTOR