

O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TR. STATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 029995 (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 & Gas Company ✓	8. FARM OR LEASE NAME Turner "B" SP / Abo Reef
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico	9. WELL NO. 74
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' from the North line and 990' from East line of Section 29-T173-R31E NM PM Eddy County, New Mexico	10. FIELD AND POOL, OR WILDCAT Cedar Lake Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-T173-R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3748' 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 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 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.)\*

- 2-6-65 Set C.I. Bridge Plug @ 7126'.
- 2-7-65 Jet perforate Abo 7076'-84', 7088'-7102', 7104'-7108', 7113'-7117' w/40 - 3/8" holes.
- 3-8-65 Spot 1,000 gallons acid w/Flux-2 over perfs. 7076'-7117', Max. Press. 1100#, Min. Press. 0#, Inst. SIP 1000#, 10 min. SIP 500# @ .45 BFW.
- 3-17-65 Pump Abo perforations 7076'-7117' 159 BFW and 1/2 BO in 24 hours.

RECEIVED

MAR 29 1965

U. S. G. I.  
OFFICE

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

SIGNED

TITLE

Superintendent

DATE

3-23-65

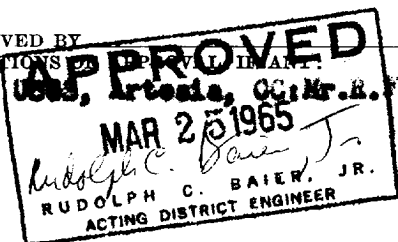
(This space for Federal or State office use)

APPROVED BY  
CONDITIONS

TITLE

DATE

Original: U.S. G. I., Artesia, CC: Mr. R. S. S. co: file



\*See Instructions on Reverse Side