

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

IC 029395 b

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.)

6. INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

Turner "B" SP

9. WELL NO.

76

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

30-T17S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER Re-entry Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1964.

2. NAME OF OPERATOR SINCLAIR OIL CORPORATION

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' FS&E lines Sec. 30-17S-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3656' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" 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.)*

Changing Proposed Casing and Cementing Program previously submitted

Propose To: Change cementing program from 200 sacks back of 4-1/2" OD casing to 3000' to 1500 sacks cemented back to surface.

RECEIVED

FEB 13 1964

G. C. C.
ARTESIA OFFICE

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

SIGNED [Signature] TITLE Superintendent DATE February 12, 1964

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY: FEB 13 1964

Orig & 4cc: USGS, Artesia
cc: Southern Region
cc: file

R. L. BEEKMAN
See instructions on Reverse Side

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