Form 9-331

NITED STATES

PLICATE* SUBMIT IN

Form approved. Budget Bureau No. 42-R1424.

(muy 1903)	DEPARTMENT OF GEOLOGICA		R verse side)	5. LEASE DESIGNATION 064490	AND SERVAL NO.	
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. IF INDIAN, ALLOTTI	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.					7. UNIT AGREEMENT NAME	
OIL GAS WELL OTHER					Hackberry Hills Unit	
2. NAME OF OPERATOR Sinclair Oil & Gas Company					Hackberry Hills Unit	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico				9. WELL NO.	9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' fr North line and 1980' fr West line				10. FIELD AND POOL, Wildcat	10. FIELD AND POOL, OR WILDCAT Wildcat	
				SURVEY OR ARE	11. SEC., Y., R., M., OR BLE. AND SURVEY OR AREA 22-T22S-R26E	
14. PERMIT NO.	15. ELEVATION	vs (Show whether DF, R	r, gr, etc.)	12. COUNTY OR PARIS	New Mexic	
16.	Check Appropriate Bo	x To Indicate Na	ture of Notice, Report, o			
	NOTICE OF INTENTION TO:		SUBS	EQUENT REPORT OF:		
TEST WATER SHUT	r-OFF PULL OR ALTER	CASING	WATER SHUT-OFF	REPAIRING	· .	
FRACTURE TREAT	MULTIPLE COMP	PLETE	FRACTURE TREATMENT	ALTERING ABANDONM		
SHOOT OR ACIDIZE	ABANDON*		(Other) Run & Co	ement 9-5/8"OD C	·	
REPAIR WELL	CHANGE PLANS		(Nows Penert res	ults of multiple completion mpletion Report and Log i	n on Well	
(Other) 17. DESCRIBE PROPOSED	OR COMPLETED OPERATIONS (Clear If well is directionally drilled, a	ly state all pertinent	A. t. D A . t do	h hetemitee beiheled d	ate of starting any	
io	us 4% Gel plus 1/4# XO sacks Class C nea ressure tested 9-5/8	t slurry wt.	14.5#. Cement Cir	rculated. WOC.	hrs. and	
		RE	CEIVED	Tologon (no na spor no na prona no na and a nor osala b	
			NAY 3 1 1888	ENE		
		• • • •		75 July 13000	160	
		A **	sain ng sain sain	RECEIVED NAMES OF THE PROPERTY		
18. I hereby certify t	hat the foregoing is true and con		Superintendent	5	26-66	
SIGNED		TITLE	- who as Triontidatio	DATE 2		
(This space for I	rederal or State office use)					
CONTENIONS DE	ROVED	TITLE		DATE		

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER

Orig&2cc: USGS Arteiia cc: Regional Office cc: Partners

cc: file