

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM 050200-A |
| 2. NAME OF OPERATOR SINCLAIR OIL CORPORATION | | 6. IS INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL and 660' FNL | | 8. FARM OR LEASE NAME Guadalupe Ridge Unit |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 22-T26S-R21E |
| | | 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"/> | | <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 type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) DSTesting, logging | <input checked="" type="checkbox"/> | | <input checked="" 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.)*

11-11-68 DST #1. 3310-3360' (Abo) 5/8" X 1" choke. No water cushion. Open 2 hrs. very weak blow, dead immediately (4 to 5 air bubbles) Rec. 4 gal. drlg, 5" IOFP 0, 1 hr. ISIP 0, 2 hr. FFP 0, 2 hrs. FSIP 0. Hyd. in & out 1304.

11-15-68 DST#2. 4240-4301' (B.S.) 5/8" X 1" choke. No. water cushion. Open 3 hrs. w/weak blow, dead in 10", start very weak blow after open 1 hr. 25" and continue weak rest of test. Rec. 153' drlg mud. 5" IOFP 20#, 1 hr. ISIP 1046, 3 hr. IOFP 20#, FFP 41#, 3 hr. FSIP 354#, Temp. 79°, Hyd. in & out 1993#.

12-19-68 Ran electric logs. Depth 5195'. Ran acoustic, dual induction and Micro lateral log.

1-5-69 Depth 7000' Ran dual induction and Sonic logs.

1-12-69 Depth 8000' Ran Sonic, dual induction, Micro-lateral log.

1-13-69 No indication of production, preparing to Plug and Abandon.

RECEIVED

JAN 16 1969

C. C. C.

ARTESIA, TEXAS

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

SIGNED [Signature] TITLE Superintendent

DATE 1-14-69

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE
CONDITIONS OF APPROVAL, IF ANY:

DATE JAN 17 1969

Orig & 4cc: USGS, Artesia, New Mex.
cc: Southern Region (West Texas)
cc: Partners
cc: file
See Instructions on Reverse Side