

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Copy to 57.  
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  GAS WELL  OTHER

2. NAME OF OPERATOR **SINCLAIR OIL CORPORATION** **OCT 1 1968**  
**Sinclair Oil & Gas Company**

3. ADDRESS OF OPERATOR  
**P. O. Box 1920, Hobbs, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**330' from South line and 1650' from East line of Section 17-17S-30E**  
**Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969**

5. LEASE DESIGNATION AND SERIAL NO.  
**NM 074936**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**W. D. Mc Intyre D Tr 1**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Grayburg Jackson**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**17-17S-30E**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**New Mex.**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3666' 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 checked="" 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 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.)\*

9-17-66 Cleaned out to total depth 3260', set packer @ 2791'.  
 9-18-66 Water sand fraced Grayburg Jackson open hole 2995-3260' w/50,000 gals. gelled water, hot (160°) and 50,000# sand and 1000# rock salt in 3 stages, Max. Press. 2600#,  
 9-20-66 Min Press. 2300# @ 45.9 BPM, ISIP 1300#, 5 mins. SIP 950#.  
 9-21-66 On potential test 24 hrs. ending 12:00 Noon 9-21-66 pumped Grayburg Jackson open hole 2995-3260' 45 BNO Gvty 34.4° plus 29 BLW w/GOR 820:1.

RECEIVED  
SEP 28 1966  
U. S. G. O.  
ARTESIA, NEW MEXICO

RECEIVED  
SEP 23 1966  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED \_\_\_\_\_ TITLE **Superintendent** DATE **9-22-66**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY

**APPROVED**  
**SEP 27 1966**  
**R. L. BEEKIVAN**  
 ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side Orig&2cc: USGS, Artesia  
 cc: Region Office  
 cc: file