

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR (Other instructi
verse side) CATE*
of re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 029426 (a)

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.)

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. E. West "A"

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

4-2175-831E

12. COUNTY OR PARISH 13. STATE

Eddy New Mexico

1. OIL WELL GAS WELL OTHER **Water Injection**

2. NAME OF OPERATOR **SINCLAIR OIL CORPORATION**
~~Sinclair Oil & Gas Company~~

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' from South line and 660' from East line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3931' GR

Sinclair Oil Corporation merged into Atlantic Richfield Company effective March 4, 1964

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 type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Plugback	<input checked="" type="checkbox"/> I
(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.)*

2-25-65 Plug back from 3868' to approx. 3700' w/ sand bridge plug. Acid treatment was not done.

RECEIVED
MAY 14 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE **Superintendent** DATE **5-12-65**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig & 2cc: USGS, Artesia
cc: Mr. RFS
cc: file

APPROVED
MAY 14 1965
See Instructions on Reverse Side
RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

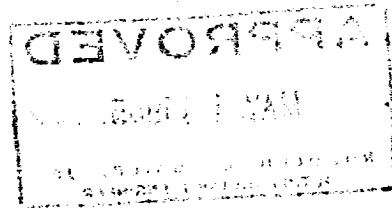
Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-685229
867-851



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Lee Cross 029126 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H. E. West "A"

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

4-T178-R315

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

Water Injection

2. NAME OF OPERATOR

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

1980' from South line and 660' from East line

14. PERMIT NO.

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

3931' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Plugback

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Propose To: Plugback from 3866' to approximately 3700' with free sand. Treat open hole 3198' to 3700' with 1,000 gals. acid.

RECEIVED

FEB 8 1965

O. C. C.
ARTERIA OFFICE

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

SIGNED

TITLE

Area Superintendent

DATE

2-3-65

(This space for Federal or State office use)

APPROVED BY

Nedolyn C. Baird

TITLE

ACTING DISTRICT ENGINEER

DATE

FEB 5 1965

CONDITIONS OF APPROVAL, IF ANY:

Orig & 3cc: USGS

cc: Mr. R. F. Sawyer

cc: file

*See Instructions on Reverse Side

Instructions

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