

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

064490

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Hackberry Hills Unit

8. FARM OR LEASE NAME

Hackberry Hills Unit

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLM. AND

SURVEY OR AREA

22-T22S-R26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mex.

## 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 &amp; 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

2310' from North line and 1980' from West line

14. PERMIT NO.

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

## 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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Drill Stem Tests

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

6-27-66 Drill Stem Test No. 4 Canyon 10050-71'. 5/8" X 1" choke, no W.C. open 2 hrs. w/good blow gas to surface in 4 mins. flow to pits 30 mins. to clean up. Rate of flow in 30 mins. on 1" choke & 200# back pressure 5.2 MMCFPD. Turned thru separator immed. Rate thru separator 2.35 MMCFPD on 1" choke. 600# Well Head Pressure. 510# separator pressure. Increase to 3.2 MMCFPD and coloring of condensate in 1 hour. 800# well head pressure w/1" choke & 510# separator pressure. Last hour flow rate stabilized @ 3.2 MMCFPD & distillate @ rate of 7EPH. Rec. 230' dist. Gvty. 58° straw colored 5 mins. IOFP 230#, 1 hr. ISIP 5278#, 2 hr. IOFP 736#, FFP 1210#, 2 hrs. FSIP 5236#. Temp. 140°. Hyd. 5363-5363.

6-29-66 Drill Stem Test No. 5 Canyon 10070-10101' 5/8" X 1" choke. No. W.C. Open 2 hrs. w/good blow gas to surface in 4 mins., decreased to fair blow in 20 mins. test 576 MCF gas remainder of test. Rec. 220' gas & distillate cut mud. 5 mins. IOFP 216#, 1 hr. ISIP 5257#, 2 hrs. IOFP 173#, FFP 216#, 2 hrs. FSIP 5215#. Hydrostatic 5405-5405. Temp. 144°. Circ. gas to surface in 50 mins. after test.

7-3-66 Drill Stem Test No. 6. Strawn 10264-10313' 5/8" X 1" choke. No. W.C. Open 2 hours w/weak blow gas in 23 mins. TSTM. Remainder of test rec. 20' slightly gas cut mud. 5 mins. IOFP 64#, 1 hr. ISIP 1466#, 2 hrs. FSIP 642#. Temp. 158°. IOFP 45#, FFP 45#.

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

SIGNED

TITLE

Superintendent

DATE 7-21-66

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 26 1966  
H. L. DELMONTE  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

Orig & 2cc: USGS Artesia  
cc: Regional Office  
cc: Mrs. M.M. Rhea, State  
Land Office

cc: Partners