

NM0005 - AMESIA
NM0003 - HOBBS
BLM - SANTA FE
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 0554490

6. INDIAN ALLOTTEE OR TRIBE NAME
NM0005 OFFICE B. C. B.

May 26 11 52 AM 1967

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY</p> <p>3. ADDRESS OF OPERATOR P. O. BOX 1920, Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from the North line and 660' from the east line</p> <p>14. PERMIT NO.</p>		<p>7. FARM OR LEASE NAME SINCLAIR 208 FEDERAL</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Cato - San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-T8S-R30E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE New Mexico</p>
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:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

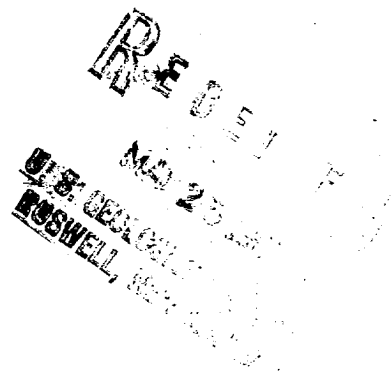
<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input checked="" type="checkbox"/> Spud, set surface casing & cement</p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
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(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.)*

5-21-67 Spud 11" hole and drilled surface and Red commencing 12:01 PM 5-21-67.
Ran 8-5/8"OD 24# J-55 casing set @ 455' and cemented w/300 sacks Incor
Class C plus 1/4# Flo Seal per. sk. Slurry Wt. 14.8#. Cement Circulated.
WOC 24 hrs.

5-22-67 Pressure tested casing to 1000# for 30 mins. Tested O.K.



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

SIGNED [Signature] TITLE Superintendent DATE 5-24-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Orig&3cc: USGS, Roswell
cc: Regional Office
cc: file