

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYNM000 - ARTESIA  
NM000 - MEXICO  
BLM - S

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                 | 7. UNIT AGREEMENT NAME                                                   |
| 2. NAME OF OPERATOR<br>Sinclair Oil & Gas Company                                                                                                                                                | 8. FARM OR LEASE NAME<br>Winkler Federal                                 |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1920, Hobbs, New Mexico 88240                                                                                                                                | 9. WELL NO.<br>2                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' from the South line and 1980' from the East line | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                                |
| 14. PERMIT NO.                                                                                                                                                                                   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                           |
|                                                                                                                                                                                                  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 28, T-8S, R-30E |
|                                                                                                                                                                                                  | 12. COUNTY OR PARISH<br>Chaves                                           |
|                                                                                                                                                                                                  | 13. STATE<br>New Mexico                                                  |

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"/> | FULL 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) Spud, set & cement surface <input checked="" type="checkbox"/>                                | X casing <input type="checkbox"/>        |
| (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.)\*

9-22-67 Spud 12 1/4" hole at 11:30 AM. Drilled surface and red bed to 284'.  
Ran 8-5/8" CD (20# SP-40 ST&C) and cemented with 200 sacks Incon Class C  
plus 2% Cal. Chl. and 1/4# Flo Seal per sack. Slurry wt. 14.8#. Cement  
circulated.

9-23-67 Pressure tested casing to 800# for 30 min. Tested OK.

RECEIVED  
U.S. GEOLOGICAL SURVEY  
BOSTON, MASS.

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

SIGNED J. W. Smith TITLE Engineer DATE 9-26-67

(This space for Federal or State office use)

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

Orig. &amp; 4 cc: USGS, Roswell, N. M.

cc: Regional Office

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
J. W. Smith  
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.