

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)17  
16Form approved.  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 0155491-1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Winkler Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

28-T8S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1980' fr the West line and 1980' fr the South 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) Spud, set surf. csg & cement ☒ testREPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(NOTE: Report results of multiple completion on Well  
Completion or Recore Completion 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.)\*

- 10-16-67 Spud 10:30 AM 10-16-67, drilled surface and red bed to 280'. Ran 8-5/8" CD 20# 5-55 casing set @ 280' and cemented w/200 sks. Incor Class C plus 2% Cal. Chl. & 1/4# Flo Seal per. sk. Cement Circulated. WOC 24 hrs.
- 10-17-67 Pressure tested casing to 800# for 30 mins. Tested. O.K.

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

SIGNED

TITLE

Superintendent

DATE

10-18-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*J. W. Luthar*  
District Engineer

See Instructions on Reverse Side

Orig&amp;Acc: USGS, Roswell, N.M.

cc: Regional Office

cc: file