

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP*
(Other instruction,
verse side)TE*
re-Form approved.
Budget Bureau No. 42-R1424.RMGRO - FEDERAL
NMBSG - BUREAU
BLM - SERVICE

SUMMARY 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 SINCLAIR OIL & GAS COMPANY		8. FARM OR LEASE NAME Winkler Federal	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' From North and East lines		10. FIELD AND POOL, OR WILDCAT Cato - San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-T8S-R30E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

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 COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Spud, set surf, csg, cement & test X

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.)*

12-7-67 Spudded 12-1/4" hole 12-7-67 10:15A.M. and drilled surface and red bed, to 275'. Ran 8-5/8" OD 20# SP-40 casing to 275'. Cemented w/200 sks. Class C Incor plus 2% Cal. Chl. and 1/4# Flocele per. sk. Cement Circulated. WOC 24 hrs.

12-8-67 Pressure Tested casing to 800# for 30 mins. Tested O.K.

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

SIGNED T. H. SullivanTITLE SuperintendentDATE 12-9-67

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

J. N. Sullivan
District Engineer

*See Instructions on Reverse Side

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

RECEIVED
DEC 12 1967
GEOLOGICAL SURVEY