

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

NMOCC - ARIZONA  
NMOCC - TEXAS  
BLM - SANTA FE

**SUPPLY 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0155494-A	
2. NAME OF OPERATOR SINCLAIR OIL & GAS COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 feet from the North and West lines Section 32-T8S-R30E		8. FARM OR LEASE NAME Winkler Federal	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Cato	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-T8S-R30E	
		12. COUNTY OR PARISH Chaves	
		18. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud, run surf. csg & test. <input checked="" 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.)\*

12-1-67 Spudded 12-1/4" hole 12:15 PM 12-1-67 and drilled surface and red bed to 274'.  
Ran 8-5/8" OD 20# SP-40 casing to 274' and cemented w/200 sks. Incor Class C  
plus 2% cal. Chl. plus 1/4# flo cele per sk. slurry wt. 14.8#. Cement Circulated.  
WOC 24 hrs.

12-2-67 Pressure tested casing to 800# for 30 mins. Tested O.K.

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

SIGNED [Signature] TITLE Superintendent

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

District Engineer

Orig&4cc: Roswell, New Mex. USGS - cc: Regional Office - cc: file

RECEIVED

DEC 05 1967

U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO