

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)75
reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0155494-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Winkler Federal

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Cato San Andres

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

Sec. 29-T3S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Sinclair Oil & 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

990' fr the North line and 1650' fr the East line

14. PERMIT NO.

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

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☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud, run casing (Surf.) & cement

☒(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.)*

4-1-68 Spud 12-1/4" hole 10:30 AM 4-1-68, drilled surface and red bed to 288'.
Ran 8-5/8" OD 20# SF-40 casing set @ 288' and cemented w/200 sacks Incor
Class C cement plus 2# Cal. Chl. and 1/4# Flocele per sk. Slurry Wt. 14.8#.
Cement Circulated to surface. WOC 24 hrs.

4-2-68 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

4-2-68

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

Orig&4cc: USGS, Roswell, N.M., cc: Regional Office, cc: file

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