Form 9-331 (May 1963)	UT TED STATES SUBMIT IN TRI OF THE INTERIOR (Other instruction verse side)			u No. 42-R1424.
	GEOLOGICAL SURVEY		NM O155494	
SANTA FEO not use 15 f	ORY NOTICES AND REPORTS ON WELLS orm for proposals to drill or to deepen or plug back to a different reservable "APPLICATION FOR PERMIT—" for such proposals")	շ. c. °Կ66	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. OIL GAS WELL	7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR Sinclair Cil & Gas Company			8. FARM OR LEASE NAME Winkler Federal	
	Box 1920, Hobbs, New Mexico 88240		9. WELL NO. 1/4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 fr the South line and West lines.		10. FIELD AND POOL, OR WILDCAT Cato - San Andres		
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
			29-T8S-R30E	
17. FERSIET NU.	15. RLEVATIONS (Show whether DF, R2, GR, etc.) 4102! GR		12. COUNTY OF PARISH	18. STATE New Mexic

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Note: Report results of multiple completion on Weil Completion or Recompletion Report and Log form.) (Other) Squeeze cement, perfs. & test 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 sones pertinent to this work.)*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Total Depth Drilled 4000', PBTD 3492'. Well presently shut-in and temporarily abandoned in San Andres formation 3289-33581.

Squeeze cement San Andres perfs. 3289-3358', drill cut retainer and excess PROPOSE TO: cement to 3960' and test. Perforate w/ 2-3/8" jet shots at approx. 3836, 3840, 3842, 3844, 3847, 3849, 3851, 3879, 3881, 3884, 3919, 3923, & 3926', Holt Sand. Run packer to approx. 3770' and acidize w/approx. 5000 gals. w/approx. 2500 gals. fresh water overflush.

		er de la servición de la servi	
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE _	Superintendent	DATE 7-15-68
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: Orig&4cc: USGS, Roswell, N. M.	TITLD _		APPROVED

Regional Office file

cc:

TEST WATER SHUT-OFF

SHOOT OR ACIDIZE

REPAIR WELL

*See Instructions on Reverse Side

REPAIRING WELL

ALTERING CASING

ABANDONMENT*