

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
reverse side)E*
F*Form 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.

5

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 & 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 South and East lines.

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Spud, run surf. csg, cement & ☒ test.(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.)*

10-11-67 Spud 10:15 AM 10-11-67 and drilled surface and red to 278'. Ran 8+5/8"OD 20# SP-40 ST&C set @ 278' and cemented w/200 sks. Incor Class "C" plus 2% Cal. Chl. plus 1/4# Flo Seal per. sk. Slurry Wt. 11.8#. Cement Circulated. WOC 24 hrs.

10-12-67 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

DATE 10-13-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

[Signature]
District Engineer

*See Instructions on Reverse Side

Orig&cc: USGS, Roswell, N.M.

cc: Regional Office

cc: file