| Form 9-331 (May 1963) | UNITED STATES | SUBMIT IN TRIPL TE | Form approved. |
|--|--|--|--|
| DEPARTME OF THE INTERIOR Verse side | | | Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SDRIAL NO. |
| GEOLOAUNS SURVEY | | | J.C 059152 (b) 6. IF INDIAN, ALLOTTEE OR THIBE NAME |
| (Do not use this form for Use "A: | NOTICES AND REPORTS proposals to not or o depen or plue pplication for permit st | back to a different reservoir. | |
| OIL CAS WELL CAS 2. NAME OF OPERATOR Sinclair Oil & Ges Company | | | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME |
| | | | |
| P. O. Box 1920, Hobbs, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 feet from the North line and 1650 feet from the West line of Section 24-T17S-R32E NM PM | | | 4 |
| | | | 10. FIELD AND POOL, OR WILDCAT |
| | | | Maljamar 11. SEC., T., E., M., OR BLK. AND |
| | | | SURVEY OF AREA 24-T17S-R32E |
| 4. PERMIT NO. | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | 12. COUNTY OF PARISH 13. STATE |
| | | 4055' GR | Lea New Mex. |
| ^{3.} Chec | k Appropriate Box To Indicate | Nature of Notice, Report, or (| Other Data |
| | INTENTION TO : | | UENT REPORT OF: |
| WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| (Other)Convert from | CHANGE PLANS | (Other) | s of multiple completion on Well |
| PROPOSE TO: Drill zones and n | out Cast Iron Bridge F in Grayburg and acidiz | Plugs J 4167' and 4262 e. Run tubing w/pack | oʻluoll to smtom tutust |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 에는 가지요? 사람 제도 있네. 외동 것같같은 동안 가지 않다. |
| | | | 실 가는 바랍 것 같이 가는 것말. 같이는 바랍 것 같이 가는 것말. |
| | | | 의 실행 사원은 것은 것이 있는 것이다. 전문 전원의 관금 구성 원인 |
| | | | · 물망탕성경 상업 프리지() 생활() · 경 문의 · 유지 · 명 |
| | | | |
| | | | 에 가는 사람이 있다고 있는 것이다. 같은 사람형 성장 것이 있는 것이다. |
| I hereby certify that, the forego | ling is the and something | | |
| the set | ing is the and correct | Superintendent | |
| SIGNED | | | DATE 2-16-66 |
| (This space for Federal or Sta | | 125-1965 | |
| APPROVED BY CONDITIONS OF APPROVAL, | IF ANY: | Finite Engineer | DATE |
| | | | |
| | *See Instruction | ns on Reverse Side | , cc: Regional Office, cc: file |

.