(May 1963) UNLIED S DEPARTME' OF	STATES THE INTERIO	SUBMIT IN TRIPI	re- Budget Bureau No. 42-R1494
GEOLOGICAL SURVEY			5. LEASE DESIGNATION AND SERIAL NO. LC 059152 (b)
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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.)			no liquo ayon direa direa direa direa
OIL GAS OTHER	inclair Oil Corporati	on Merson	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	sto Atlantic Richfield ffective March 4, 19	Company	8. FARM OR LEASE NAME
SINCLAIR OIL CORPORATION			Johns "B" DE
P. O. Box 1920, Hobbs, New Mexico 88240			9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT
1980' fr North line and 660' fr West line			Haljamar 11. SEC., T., R., M., OR BLK. AND
			24-T17S-R32E
14. PERMIT NO. 15. ELEVATIONS (Show whether DP, RT, GR, etc.)			2,24
`	40491		12. COUNTY OR PARISH 13. STATE Lea New Mexico
16. Check Appropriate Box	c To Indicate Natu	ure of Notice Parent	
MOTICE OF INTENTION TO:	l		of Other Data
TEST WATER SHUT-OFF PULL OR ALTER C	ASING	WATER SHUT-OFF	
FRACTURE TREAT MULTIPLE COMPI.	ETE	FRACTURE TREATMENT	X BEPAIRING WELL ALTERING CASING
BHOOT OR ACIDIZE BEPAIR WELL CHANGE PLANS		SHOOTING OR ACIDIZING	ABANDONMENT®
(Other)		(Other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, given nent to this work.)*	state all pertinent des e subsurface locations	Completion or Reco	ults of multiple completion on Well mpletion Report and Log form.) tes, including estimated date of starting any
1-31-69 On potential test 2/ hour	PM. ISIP 225	gais. S-II in 150 O#, 5" SIP 2050#	O gals. acid. Max. Press.
BIGNED STORY	muma Sune	rintendent	The state of the s
(This space for Federal or State office use)	TITLE Dupe	Tintendent	DATE 2-1-69
APPROVED BY		APPR	DIA 14 11 11 11 11 11 11 11 11 11 11 11 11
CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE
Orig&4cc: USGS, Hobbs, N.M.		FEB.	
cc: Southern Region (West To	* .		
cc: file *Se	e Instructions on R	Reverse Side 🔑 👊 30)DO:
		altang distric	OT ENGINEER