

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Mescalero Ridge Unit

8. FARM OR LEASE NAME

Mescalero Ridge Unit

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

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

34-T19S-R34E NM PM

12. COUNTY OR PARISH

Lea

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Mescalero Ridge Unit
2. NAME OF OPERATOR Sinclair Oil & Gas Company	8. FARM OR LEASE NAME Mescalero Ridge Unit
3. ADDRESS OF OPERATOR P. O. Box 1920, Hobbs, New Mexico	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from North line and 660' from East line	10. FIELD AND POOL, OR WILDCAT Pearl Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-T19S-R34E NM PM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud and set surface casing	<input checked="" type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

*If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

6-10-66 15/8"OD 24# J-55 casing and set @ 200', cemented w/100 sacks Class "B" cement
2% Cal. chl. slurry wt. 14.8#. Cement Circulated. WOC 24 hrs.
6-11-66 Pressure tested casing and BOP to 600# for 30 mins. Tested O.K.

APPROVED

JUN 15 1966

J. L. GORDON

ACTING DISTRICT ENGINEER

I hereby certify that the foregoing is true and correct

TITLE

Superintendent

DATE

6-13-66

(Space for Federal or State office use)

APPROVED BY

TITLE

DATE

SIGNATURES OF APPROVING OFFICIALS, IF ANY.

*See Instructions on Reverse Side

cc: USGS, Hobbs
cc: Regional Office
cc: Partners
cc: file