

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions
reverse side)3*
ceForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02391-A

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.

22

10. FIELD AND POOL, OR WILDCAT

QUAIL RIDGE (Bone Springs)

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

21-T19S-R34E

12. COUNTY OR PARISH

Lea

13. STATE

New Mex.

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	
2. NAME OF OPERATOR		8. FARM OR LEASE NAME	
SINCLAIR OIL & GAS COMPANY		MESCALERO RIDGE UNIT	
3. ADDRESS OF OPERATOR		9. WELL NO.	
P. O. Box 1920, Hobbs, New Mexico		22	
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	
660 feet from the north line and 1980 feet from the West line		QUAIL RIDGE (Bone Springs)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		12. COUNTY OR PARISH	
		Lea	
		13. STATE	
		New Mex.	

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*

Run Drill Stem Tests, set 5-1/2" X Casing

(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.)*

- 10-26-66 Drill Stem Tests No. 1. Bone Springs 10,040-10,115', 5/8" X 1" choke, no water cushion. Open 2 hrs. w/fair blow gas to surface in 10 mins. TSTM. Recovered 712' clear oil, gvt. 33.2, 145' oil & gas cut mud, 5 mins. IOFP 59#, 1 hr. ISIP 2142#, 2 hrs. IOFP 0#, FFP 197#, 2 hrs. FSIP 2122#. Hydrostatic 4412 & 4412. Ran electric logs.
- 10-29-66 Ran 5-1/2" OD 14#, 15.5# and 17# J-55 and N-80 casing set @ 10,132'. Cemented w/625 sacks (550 sks. Ercor Class C 1-1 Diamix slurry wt. 13.3# and 75 sacks Class C 1.5% D19 slurry Wt. 14.8#). Used 11 centralizers & 32 scratchers 9815-10126', casing reciprocated while cementing. Did not circulate. Survey indicated top of cement @ 6500'. WOC 24 hrs.
- 10-30-66 Pressure tested casing to 1000# for 30 mins. Tested O.K.

APPROVED

NOV 2 1966

J L GORDON
ACTING DISTRICT ENGINEER

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Superintendent

DATE

11-1-66

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Orig&2cc: USGS Hobbs
cc: Regional Office
cc: Partners