

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form 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., E., 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 ☒ 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

660' fr North line and 1980' fr West line

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)

Run 8-5/8"OD casing & cement X

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 perti-
nent to this work.)*

10-7-66 Ran 8-5/8"OD casing 24#, 32# and 36#, J-55 and H-40 set @ 5547' and cemented
w/585 sacks Trinity Lt. Wt. plus 1/4# flow seal, 3% Ca. Chl., 8% Gel slurry
Wt. 11.6#, followed w/200 sacks of Incore 4% Gel slurry wt. 13.5#. WCC 24-hrs.
Temperature survey indicated top of cement behind 8-5/8"OD casing @ 3000'.
10-8-66 Pressure tested casing to 1300# for 30 mins. Tested O.K.

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

SIGNED

TITLE

ENGINEER

DATE

10-10-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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