

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. 22
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 & 1980' fr West line	10. FIELD AND POOL, OR WILDCAT Quail Ridge (Bone Springs)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-19S-34E
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:

TEST 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"/>
(Other)	<input type="checkbox"/>		<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) Run & cement surface casing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.) *

9-16-66 Spud 15" hole 6:00 PM. Drilled surface and Red Bed to 423'.
9-17-66 Ran 11-3/4"OD 42# H-40 casing set @ 423' and cemented w/275 sacks Class C, 4% gel, 2% Cal. Chl. slurry wt. 13.8#. WOC 18 hrs. Cement Circulated.
9-18-66 Pressure tested casing to 1000# for 30 mins. Tested C.K.

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

SIGNED [Signature]

TITLE Superintendent

DATE 9-21-66

(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: Mrs. M.M. Rhea
cc: Boston Office