

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

VTB*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 056376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mescalero Ridge Unit MA

9. WELL NO.

31

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

21-T19S-R34E

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 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
1980' from the South line and 660' from the West line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

18. 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*

Spud, set suri. csg. & cement & test X

(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.)*

6-8-68 Spud 12-1/4" hole, 2:30 PM 6-8-68, drilled surface and Red Bed to 323'. Ran
& 8-5/8" OD 20# J-55 casing set @ 323' and cemented w/300 sks., Class H plus 4%
6-9-68 Gel, 2% Cal. Chl. Slurry Wt. 16#. Cement Circulated. WOC 24 hrs.
6-10-68 Pressure tested casing to 800# for 30 mins. Tested O.K. Continue drilling.

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

SIGNED

[Signature]

TITLE

Superintendent

DATE

6-10-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JUN 11 1968

J. L. GORDON
ACTING DISTRICT ENGINEER

Orig & cc: USGS, Hobbs
cc: Mrs. Marian M. Rhea *See Instructions on Reverse Side
cc: Regional Office
cc: file