

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 030678(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sinclair-Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT
SURVEY OR AREA
Eunice-Monument
(GB-SA)11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

28,19S, 37E, NMPM

12. COUNTY OR PARISH
Lea13. STATE
NM

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"/>	
2. NAME OF OPERATOR C. E. Long	
3. ADDRESS OF OPERATOR Box 1943, Midland, Texas 79701	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 1650' FWL of section	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3645' KB

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* ☐Report on present status ☒(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.)

Report made in compliance with MEMORANDUM, Oil Conservation
Commission, State of New Mexico, 9/13/74

1. #1 Sincl.-Fed. was temp. abandoned on 2/8/68 because of hole in casing.

2. Present status of well is Temporarily Abandoned.

3. Reason for continued T status of this well is as follows:

Before oil price rise of 1973-74 recompletion of this well appeared to be a bad economic move. Decision was to wait for price increase that would justify needed workover & recompletion. After the rapid price rise, operator began trying to buy new 4½" casing and other needed materials for this recompletion. Operator has applied to every known supply company, major oil company, and to the Federal Energy Administration under programs that have been publicly announced to assist small Independents in getting new tubular goods. The FEA application is still pending; all others have been denied with no reason given. The FEA program notice appeared in the Oil and Gas Journal, issue of 9/2/74, and this operator made the advised phone call that week.

Operator believes this well can be made to produce considerably more oil and gas by pulling the defective casing, running new casing in the hole and rejoining it with the downhole stub, cleaning out to bottom, squeezing old perforations, reperforating and retreating the pay zone. This requires new casing since it is 4½" and treatment will be by bradenhead squeeze method. Operator believes that workover equipment can be had without much delay after the new casing is in hand and on location. (Continued on Page 2.)

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

SIGNED

TITLE

OWNER-OPERATOR

DATE

9/18/74

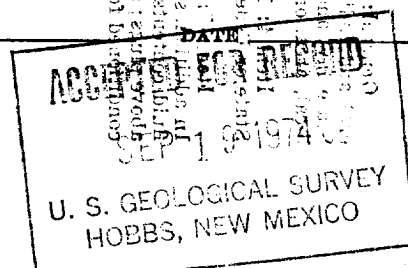
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side



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

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY OR PARISH	13. STATE

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* ☐

(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.) *

Operator has dedicated, down to this time, all of 1974 to the search for materials and equipment for use in working over this well and others. Operator has succeeded in getting materials and equipment for workover of one well this year, but still has three wells (including this one) needing recompletion or workover. If the regulatory agencies will permit, this well shall be first to receive attention upon availability of necessary equipment and supplies.

This is my request that I be permitted to continue this well in Temporarily Abandoned status in order to avoid plugging and abandoning a well that should be capable of producing perhaps some 40,000 barrels more oil and about 40,000,000 cubic feet of additional casinghead gas.

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

SIGNED

Cl Long

TITLE

Owner-operator

DATE

9/18/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: