

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 062132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DeMooy Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - Bell Canyon

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

Sec. 11-T26S-R35E

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

SINCIA IR 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' from the South and West lines.

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) Spud, run surf. csg. cement & test.

(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.) *

4-26-68 Spudded 12-1/4" hole 12:30 PM 4-26-68. Drilled surface and red bed to 310'.
to Ran 8-5/8" OD 20# J-55 casing set @ 309' and cemented w/125 sacks Class C
4-27-68 cement plus 2% CaCl₂. Cement Circulated. WOC 18 hrs.
4-28-68 Pressure tested surface casing to 1000# for 30 mins. Tested O.K.

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

SIGNED

TITLE Superintendent

DATE 4-29-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

APR 30 1968

J. L. GORDON

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Orig&4cc: USGS, cc: Regional Office, cc: file