Form 9-331 (May 1963)	DEPARTMEN, OF	TATES THE INTERI	(Other Instructions	re- Form approv Budget Bure 5. LEASE DESIGNATION	au No. 42-R1424.	
	СЕРНОВЗОЖ	if with the C.		LC 066096		
SUN (Do not use thi	NDRY NOTICES AND s form for proposal and all or use "Application for PER	REPORTS:	ON WELLS ack to a different reservoir.	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
1. OIL GAS Company and Abandan				7. UNIT AGREEMENT N	7. UNIT AGREEMENT NAME	
WELL WELL	other Flug and A	bandon		8. FARM OR LEASE NA	WP	
SINCLAIR OIL & GAS COMPANY					Shearn Federal	
2 ADDRESS OF OPERATOR					9. WELL NO.	
				0. WADD NO.	7	
P. O. Box 1920, Hobbs, New Mexico 88240 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10 warmen and noor of	10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface					Wildcat-Bell Canyon	
660' from the South line and 1980' from the West line.				11. SEC., T., R., M., OR	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA	
	,	•		Sec. 10-T26	S-R35E	
4. PERMIT NO.	15. BLEVATION	s (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISE		
			•	Lea	New Mexic	
3.	Cl. I.A D.	7 1 10		01.0		
) .	Check Appropriate Box	x to Indicate N	ature of Notice, Report, o	or Other Data		
	NOTICE OF INTENTION TO:		SUBI	SEQUENT REPORT OF:		
TEST WATER SHUT-	PULL OR ALTER O	CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPI	11	FRACTURE TREATMENT	ALTERING O		
	ABANDON*	<u>x</u>	SHOOTING OR ACIDIZING	ABANDONME		
SHOOT OR ACIDIZE	CHANGE PLANS			Z DAN DON A	·*** ·	
(Other)	, change I band			ults of multiple completion empletion Report and Log fo		
or gas.	J-55 casing set @ 3					
PROPOSE TO:	Plug and Abandon as Fill hole w/mud lac top of Delaware sam	den materia nd approx.	5100' to 5200').	•	lug across	
	Spot 30 sacks cemer Spot 30 sacks cemer 2351 to 3551.				rox.	
	Spot 20 sacks cemen	nt plug 0-5	0' in top of 8-5/8'	OD surface casir	ng and cell	
	install regulation				J	
	_	-	•		•	
			•			
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•						
:						
	* .					
,		.				
. I hereby certify tha	t the foregoing is true and corre	et				
SIGNED	elt	TITLE	Superintendent	DATE	10-68	
(This space for Fed	eral or State office use)		MAY 10.30	IED \		
ADDDON'NY DW		MINT IN	.,20\	The same of the sa	•	
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY:	_ TITLE	- LALLY	CO		
–			1 50 1021		<u> </u>	
Orig&4cc: U	SGS, Hobbs	٠	MAY _ MAY		194 21	
_		*See Instructions	BI SILVER BIT	ONE PROTECTION OF SERVICE	2	

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