

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 066096

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shearn 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. 10-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

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

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

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐Spud, set 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.)*

4-30-68 Spudded 12-1/4" hole 7:00 A.M. 4-30-68. Drilled surface and red bed to 400'.
Ran 8-5/8"OD 20# J-55 casing to 326' and cemented w/125 sacks regular neat
cement plus 2% Cal. Chl. Did not Circulate. Ran 1" pipe outside 8-5/8"OD
casing to 120' and cemented top of casing w/125 sacks regular cement plus 4%
Gel plus 2% Cal. Chl. Cement Circulated to surface. WOC 18 hrs.

5-1-68 Pressure tested casing to 1000# for 30 mins. Tested O.K.

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

SIGNED

TITLE

Superintendent

DATE

5-2-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

*See Instructions on Reverse Side

APPROVED
MAY 3 1968
A. R. BROWN
DISTRICT ENGINEER