NO. OF COPIES RECEIVED		Form C. Los
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION CON	C-102 and C-103  MISSION Effective 1-1-65
FILE		Girding 1-1-02
U.S.G.S.	Orig&4cc: CCC, Hobbs	5a. Indicate Type of Lease
LAND OFFICE	cc: State Aug Pfigen	AM 68 State X Fee
OPERATOR	cc: Regional Office	5. State Oil & Gas Lease No.
	cc: file	CG 4988
SUNC (DO NOT USE THIS FORM FOR P USE "APPLIC	ORY NOTICES AND REPORTS ON WELLS PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT ATION FOR SUCH PROPOSALS.)	T RESERVOIR.
	( ORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL	OTHER-	Total Igrosman Hame
2. Name of Operator		8. Farm or Lease Name
SINCLAIR OIL & GAS COMFANY		Lea 878 State
3. Address of Operator		9. Well No.
P. C. Box 1920	, Hobbs, New Mexico 88240	1
4. Location of Well		10. Field and Pool, or Wildcat Fen
UNIT LETTERK	1980 FEET FROM THE South LINE AND	1980 Undesignated-Cerca Uppe
	LINE AND	FEET FROM
THE West LINE, SECT	TION 4 TOWNSHIP 14S RANGE	34ENMPM.
	· ·	
	15. Elevation (Show whether DF, RT, GR, etc.,	12. County
		Lea
Check	Appropriate Box To Indicate Nature of Notice	Report or Other Dass
NOTICE OF	INTENTION TO:	SUBSEQUENT REPORT OF:
		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON		ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS X CASING TEST AND	- TOO ABANDONMENT
	Intermediate String only THER	
OTHER	THE CHILDREN THER	
<ol> <li>Describe Proposed or Completed ( work) SEE RULE 1103.</li> </ol>	perations (Clearly state all pertinent details, and give perti	nent dates, including estimated date of starting any proposed
,		
PROPOSED CASING AND	CELENT PROGRAM CHANGED - 8-5/8"OD in	termediate casing only oniginal
plans as approved Jul	ly 26, 1968 were to cement w/2000 sa	cks coment circulated to surface
Propose to change nla	ans and cement 8-5/8"OD intermediate	casing a formand 1000 and
and cement up to top	of salt @ approx. 2100'.	casing w/approx. 1200 sacks cenent
and comonic up to top	or outs approx, 2100.	
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$\bigcirc$ 2		
8. I hereby certify that the information	n above is true and complete to the best of my knowledge an	Dollat
111	13 tide and complete to the best of my knowledge and	1 Deilei.
1111	C 2 2 2	
TOWNED CONTROL OF THE PARTY OF	Superintende	ent August 2, 1968
	7	
(1, 1/2, 1, 1)	! 	ta i di d
PPROVED BY JOHN W /KI	infan TITLE	DATE
ONDITIONS OF APPROVAL, IF ANY	a U	
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