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LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

Orig²cc: OCC Hobbs
cc: State Land Office
cc: Regional Office
cc: file

FEB 9 11 25 AM '67

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1505
7. Unit Agreement Name
8. Farm or Lease Name State 182 "A"
9. Well No. 3
10. Field and Pool, or Wildcat Lovington Abo
12. County Lea

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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 UNIT LETTER <u>N</u> <u>1959.54</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>31</u> TOWNSHIP <u>16S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3810' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Plug-back, perforate & acidize

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

PROPOSE TO: Set C.I.B.P. @ 8130' w/approx. 10 gals. hydromite on top. Test casing and plug. Perforate Abo formation from approx. 8118-8123'. Mud acid wash perms. w/approx. 500 gals. and breakdown.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Lud Burn TITLE Superintendent DATE 2-8-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: