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LAND OFFICE	
OPERATOR	

HOBBS OFFICE
 Form C-103
 Supersedes Old
 C-402 and C-103
 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: NMOCC-Hobbs
 cc: State Land Office
 REC, File
 Partner

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 E-7723

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 GAS WELL OTHER
 2. Name of Operator
 Sinclair Oil & Gas Compa ny
 3. Address of Operator
 P.O. Box 1920, Hobbs, New Mexico
 4. Location of Well
 UNIT LETTER N 1650 FEET FROM THE West LINE AND 330 FEET FROM
 THE South LINE, SECTION 8 TOWNSHIP 18S RANGE 35E NMPM.
 7. Unit Agreement Name
 8. Farm or Lease Name
 State Lea 4011
 9. Well No.
 1
 10. Field and Pool, or Wildcat
 Vacuum Abo Reef
 12. County
 Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1103.

Well presently dual completed in Vacuum Abo Reef and Vacuum Devonian North Pools w/Model D Production Packer set at 11440.

Propose to squeeze off Abo Zone Perforations 8758-8785 with cement. Drill out cement and Model D Production packer and leave well as single completed well producing from present Devonian Zone perforations 11552-11586 & 11506-11528.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 SIGNED [Signature] TITLE Superintendent DATE 03-17-66

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: