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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
**NM State B-1578**

**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 Company**

3. Address of Operator  
**P. O. Box 1920, Hobbs, New Mexico**

4. Location of Well  
UNIT LETTER **F** **1980** FEET FROM THE **North** LINE AND **1800** FEET FROM  
THE **West** LINE, SECTION **30** TOWNSHIP **17S** RANGE **35E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

7. Unit Agreement Name

8. Farm or Lease Name  
**State "B" 1578 ABC**

9. Well No.  
**3**

10. Field and Pool, or Wildcat  
**Vacuum**

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 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 checked="" 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 checked="" 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.

**2-27-65 Spudded 17 1/2" hole 1:00 A.M. 2-27-65.**

**3-2-65 Run 1571' of 13-3/8"OD 48 and 54.5# casing and cemented with 1300 sacks. (1100 sacks Incor Class C plus 8% Gal in 200 sacks, Incor Class C 14.8# plus 2% Cal. Chl. Cement Circulated.**

**3-3-65 Recement top of 13-3/8"OD casing from outside w/50 sacks regular plus 2% Cal. Chl. WOC 24 hrs.**

**3-4-65 Pressure tested casing to 1000# for 30 minutes. Tested OK.**

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

\_\_\_\_\_  
SUPERINTENDENT TITLE DATE **3-4-65**

\_\_\_\_\_  
DATE

CONDITIONS OF APPROVAL, IF ANY:

**1g&2cc: OCC, ~~XXXXXXXX~~ cc: RFS, cc: State Land Office, cc: file**