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NEW MEXICO OIL CONSERVATION COMMISSION

Orig&3cc: OCC, Hobbs
cc: Southern Region (West Texas)
cc: file

5a. Indicate Type of Lease
State ☐   Fee [X]

5. State Oil & Gas Lease No.

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 [XX]   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

SINCLAIR OIL CORPORATION

8. Farm or Lease Name

J. R. Phillips "B"

3. Address of Operator

P. O. Box 1920, Hobbs, New Mexico 88240

9. Well No.

1

4. Location of Well

UNIT LETTER _____ . 330 FEET FROM THE North LINE AND 2310 FEET FROM

THE West LINE, SECTION 31 TOWNSHIP 19S RANGE 37E NMPM.

10. Field and Pool, or Wildcat

Monument (Grayburg, San Andres)

15. Elevation *(Show whether DF, RT, GR, etc.)*
3608' GR

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐		PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐

OTHER PB w/cement to 3803', perf. 7" higher [x]
in Grayburg, acidize and test.

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.

Present TD 3917', PBTD 3845'. Completed Grayburg San Andres Open Hole 3803-3845' and producing 2 BOPD and 45 BWPD.

Propose to: Squeeze cement Open Hole 3803-45' w/approx. 150 sacks, test casing and perf. Grayburg approx. 3763-3798'. Breakdown perfs. w/approx. 1000 gals. BDA and swab test.

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

SIGNED _____   TITLE Superintendent   DATE 2-21-69

APPROVED BY Leslie N. Clements   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: