

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

JAN 5 11 50 AM '66

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.
E-274

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- <input type="checkbox"/>	7. Unit Agreement Name LEA 373 UNIT
2. Name of Operator Sinclair Oil & Gas Company	8. Farm or Lease Name
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 19S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Undesignated - Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	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.

12-31-65 Spudded 5:00 AM 12-31-65. Drilled Caliche and Red Bed to 245'.
 1-1-66 Ran 13-3/8"OD 48# H-40 casing set @ 245' and cemented w/225 sacks Incor Neat 4% Gel plus 2% Cal. Chl. Cement Circulated. WCC 24 hrs.
 1-2-66 Pressure tested casing to 1000# for 30 mins. Tested O.K.

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 1-4-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Original cc: OGC, Hobbs, cc: State Land Office, cc: Regional Office, cc: Partners, cc: file