

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.
K-2296

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
2. Name of Operator Sinclair Oil & Gas Company	8. Farm or Lease Name State 668 Lea
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER E , 1980 FEET FROM THE 660 LINE AND _____ FEET FROM THE West LINE, SECTION 27 TOWNSHIP 16-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Kennitz Wolfcamp
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 type="checkbox"/>	OTHER Set 13-3/8"OD surface casing <input checked="" 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.

12-30-64 Spudded by BE&M Co. @ 4:00 PM 12-30-64. Set 424' of 13-3/8"OD 48# casing and cemented w/425 sks. Incor & 2% Cal. Chl. Wt. 14.8#. Cement Circulated. WOC 24 hrs.

12-31-64 Pressured tested casing to 1000# for 30 minutes. 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 **District Superintendent** DATE **1-5-65**

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
rig&3cc: OCC, cc:RFS, cc:file