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LAND OFFICE		
OPERATOR	3	

O & D Eng. 1

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

NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: OCC
cc: RFS, File
cc: State Land Office

5a. Indicate Type of Lease	
State ☒	Fee ☐

5. State Oil & Gas Lease No.
647

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-

7. Unit Agreement Name

2. Name of Operator
Sinclair Oil & Gas Company

8. Farm or Lease Name
M. Yates "B" ARC

3. Address of Operator
P.O. Box 1920

9. Well No.
14

4. Location of Well

UNIT LETTER **B** , **973.31** FEET FROM THE **North** LINE AND **1980** FEET FROM

THE **East** LINE, SECTION **33** TOWNSHIP **17S** RANGE **28E** NMPM.

10. Field and Pool, or Wildcat
Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.)
3671 Surface

12. County
Eddy

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 _____ ☐			

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.

PROPOSE TO: Treat present abo perforations 5970-6008 w/10,000 gallons acid. Perforate additional section of abo 5868-73, 5883-98 and treat new perforations w/3,000 gallons acid. Test and return to production.

RECEIVED

JAN 21 19__

O. C. C.
ARTESIA, OFFICE

RECEIVED
JAN 20 1965
GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

(Confirming verbal approval from Mr. M.L. Armstrong to Mr. D.N. Williams January 19, 1965).

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **XXXXX 1-19-65**

APPROVED BY *M L Armstrong* TITLE ~~OIL AND GAS INSPECTOR~~ DATE **JAN 21 1965**

CONDITIONS OF APPROVAL, IF ANY: