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U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.

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

NEW MEXICO OIL CONSERVATION COMMISSION

Orig & 2cc: OCC Hobbs
cc: Regional Office
cc: Partner
cc: file

JUN 1 11 45 AM '67

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
L. C. HARRIS

9. Well No.
3

10. Field and Pool, or Wildcat
UNDESIGNATED

12. County
Chaves

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 88240

4. Location of Well
UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 8S RANGE 30E NMPM.

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

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.

5-23-67 Spud 1:00 PM 5-28-67. Drilled surface and red bed to 460' and ran 8-5/8" OD 24# J-55 casing and set @ 457'. Cemented w/300 sacks Inco cement plus 2% Cal. Chl. plus 1/4# Floseal per sack, slurry wt. 14.8#. Cement Circulated. WOC 24 hrs.

5-30-67 Pressure tested casing to 800# 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 5-31-67

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: