NO. OF COPIES RECEIVED	15		Form C-100	
DISTRIBUTION	<del></del>		Supersedes C-102 and	
SANTA FE	<del>-                                     </del>	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1	
FILE	<del>    -   -  </del>	Orig&2cc: OCC, Artesia		
U.S.G.S.		cc: Regional Office	5a, Indicate Ty	
LAND OFFICE	+_+-	cc: Partners	State	Fee X
OPERATOR	3	cc: file	5. State Oil &	Gas Lease No.
<del></del>	CUNIDE	DV MOTICES AND DEPORTS ON WELL S	mm	mmmm
(DO NOT USE THIS F	ORM FOR PR	RY NOTICES AND REPORTS ON WELLS  OFFICE OF THE PROPERTY OF THE PROPOSALS.)		
1.	a Arreien	TOWN COLON COLON PROPOSALS.)	7. Unit Agreen	nent Name
OIL X GAS		OTHER•		
2. Name of Operator			8, Form or Lea	ase Name
Sinc	lair Oi	1 & Gas Company	J. G. (	O'BRIEN
3. Address of Operator			9. Well No.	<del></del>
	• Box 1	920, Hobbs, New Mexico 88240		L
4. Location of Well D	4	40 N. mth. (40	· ·	Pool, or Wildcat
UNIT LETTER		60 North Line and 660 FEET FROM	Und eci(	gnated MC
7.7		_		
THE West	LINE, SECTI	ON 1 TOWNSHIP 9S RANGE 2916 NMPM.		
mmmmm	,,,,,,,	THE PER CO. L. J. DE DE CO. L. J. J. DE J. DE CO. L. J. J. DE CO. L. J. J. DE CO. L. J. J. J. DE CO. L. J. J. J. DE CO. L. J. J. J. DE CO. L. J. J. J. J. J. J. J. J.		71///////
		15. Elevation (Show whether DF, RT, GR, etc.)	12. County Chaves	
16.	777777		<u> </u>	
		Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data	
NOT	ICE OF II	NTENTION TO: SUBSEQUENT	REPORT O	F:
г	<del>-</del>			_
PERFORM REMEDIAL WORK	=	PLUG AND ABANDON REMEDIAL WORK		TERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	=	COMMENCE DRILLING OPNS.	PLU	G AND ABANDONMENT
FOLC ON ACTER CASING		CHANGE PLANS CASING TEST AND CEMENT JQB		
OTHER		- STAER		
17. Describe Proposed or C work) SEE RULE 1103	completed O	perations (Clearly state all pertinent details, and give pertinent dates, including a	estimated date	of starting any proposed
3-9-67 Spud 1	l" bole	@ 12:01 AM 3-9-67 and drilled surface and Red B	ed + a 303	1
	5 /8"OD	20# H-40 casing set @ 302' and cemented w/200 sag	cke Incom	Class
		. Chl. Cement Circulated to surface. W.O.C. 18		OTOSS
		ed casing to 800# for 30 mins. Tested. O.K.	nours.	
)		on one and the sound in the sound of the		
		transfer Ibs	ECE	
		EIS.	in the sent that	
			211.7 3	Se an to de
			8. 53	( )
			PRITTERIA.	i i estat
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( )				
18. I hereby certify that the	information	above is true and complete to the best of my knowledge and belief.		
4	1	- ,		
1 and	1	TITLE Superint endent		2.20 (8
TUNED		TITLE Superint endent	DATE	3-10-67
<b>9</b> ,	. //		h n	AR 131967
APPROVED BY	2. 3	TITLE OIL AND GAS INSPECTOR	DATE	AN TO BOIL

CONDITIONS OF APPROVAL, IF ANY: