	٦		Form C-103
NO. OF COPIES RECEIVED	-  '	e in 1978 one old. C.	Supersedes Old
DISTRIBUTION SANTA FE	NEW MEXICO OIL CO	NSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	Orig&2cc: OCC, Hobi		
U.S.G.S.	cc: Regional		5a. Indicate Type of Lease
LAND OFFICE	cc: Tenneco		State Fee X
OPERATOR	cc; file		5. State Oil & Gas Lease No.
CLIND	RY NOTICES AND REPORTS	ON WELLS	
IND MOT HEE THIS FORM FOR PI	RT NOTICES AND REPORTS TO PROPOSALS TO DRILL OR TO DEEPEN OR PLATION FOR PERMIT - " (FORM C-101) FOR	UG BACK TO A DIFFERENT RESERVOIR.	
1. OIL X GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator Sinclain Cil & Gas Company		8. Form or Lease Name L. C. Harris	
Sinclair Oil & Gas Company 3. Address of Operator		9. Well No.	
P. O. Box 1920, Hobbs, New Mexico 88240			1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE SOI	uth Line and 660 PEE	Undesignated San Andr
rast	TION 15 TOWNSHIP 8	S 30E	NMPM.
THELINE, SECT	710N TOWNSHIP	RANGE	
	15. Elevation (Show wheth		12. County Chaves
	4115		
	Appropriate Box To Indicat		OF Other Data QUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PEGE AND ABANDON (	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
7022 ON A212N 6N01N0	•	OTHER Additional	perforations & acidizing X
OTHER		Same Zone.	
17. Describe Proposed or Completed	Operations (Clearly state all pertinent	details, and give pertinent dates, in	cluding estimated date of starting any proposed
work) SEE RULE 1103.		•	
5-18-67 Jet perfora	ated ban Andres 3423-29 enforations 3425-3451	-51-55-55-55-42-44-45- w/5000 gals. 28% N.E.	-47-51' w/22-3/8" holes. LST acid in 6 stages Max.
Press 320	0#, Min. 1800# @ 5.6 BP	M ISIP 1800#. 15" SIP	750#.
5-20-67 On not entit	al test 12 hours ending	10:00 PM flowed San A	ndres perfs. 3425-3515'
84 BNO Gvt	y. 26 degrees on 1/4" c	hoke, tubing press 100	#. GOR 560:1 for Calculated
24 hr. pot	ential 168 BOPD.		
			÷ .
			\$
	•		
_ /	<b>1</b>		<b>.</b>
18. I hereby certify that the information	ion above is true and complete to the b	pest of my knowledge and belief.	
INS			r 00 / F
BIGNED XX	TITLE	Superint end ent	DATE 5-22-67
	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY

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and the state of t	-