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NEW MEXICO OIL CONSERVATION COMMISSION

Orig. & 2 cc: OCC Artesia
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Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Sinclair Oil & Gas Company	5. State Oil & Gas Lease No.
3. Address of Operator Box 1920, Hobbs, New Mexico 88240	7. Unit Agreement Name
4. Location of Well UNIT <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>8-S</u> RANGE <u>30-E</u> NMPM.	8. Farm or Lease Name L. C. Harris
	9. Well No. 1
	10. Field and Pool, or Wildcat UNDESIGNATED
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Chaves

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

5-5-67 Spud 11" hole @ 1:00 p.m. 5-5-67 and drilled surface and Red Bed to 452'.
Ran 8 5/8" OD 24# J-55 casing set @ 452' & cemented with 300 sacks Incor Class C
plus 2% Cal. Chl. plus 1/4# Flo Sal per sk. Slurry wt. 14.8# per sack. Cement circ.
to surface. W.O.C. 18 hours.

5-6-67 Pressure Tested casing to 800# for 30 min. Tested OK.

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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 5-8-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY _____

