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HOBBS OFFICE O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 12-65

NEW MEXICO OIL CONSERVATION COMMISSION
Orig & 2cc: CCC, Hobbs
cc: Regional Office
cc: Partner
cc: file

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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"/>	7. Unit Agreement Name
2. Name of Operator Sinclair Oil & Gas Company	8. Farm or Lease Name L. C. HARRIS
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER <u>P</u> <u>660</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>8S</u> RANGE <u>30E</u> NMPM.	10. Field and Pool, or Wildcat Undesignated-San Andres
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"/>	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 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 type="checkbox"/>	OTHER <u>Run 4-1/2" OD casing, cement & test.</u> <input checked="" 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. TD 3650'

6-3-67 Ran 4-1/2" OD 9.5# J-55 casing set @ 3650' and cemented w/350 sks. (150 sacks Incor Class C plus 12% Gel, 5# salt per sk., 1/4# Flo Seal and 6/10 of 1% D31 Friction reducer and 200 sks. Incor Class C plus 4% Gel, 5# salt per. sk., 6/10 of 1% D31 friction reducer. Did not Circulate. Temperature Survey indicated top of cement @ 2300'. WOC 24 hrs.

6-4-67 Pressure tested casing to 1000# 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 6-8-67
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: