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NEW MEXICO OIL CONSERVATION COMMISSION
 Orig & cc: OCC, Hobbs, N.M.
 cc: Regional Office
 cc: Partner
 cc: file

RECEIVED OFFICE O. C. C.
 JUL 28 AM '67

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

5a. Indicate Type of Lease
 State Fee

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 Mex co 88240 | 9. Well No. 8 |
| 4. Location of Well UNIT LETTER 0, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 15 TOWNSHIP 8S RANGE 30E NMPM. | 10. Field and Pool or Wildcat Undesignated Cato - San Andres Ext. |
| 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 JOBS <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.

7-3-67 Spudded 12 1/2" hole 9:45 AM 7-3-67, drilled surface and red bed to 282'. Ran 8-5/8" OD 20# J-55 casing set @ 282' and cemented w/200 sks. Incor Cement plus 2% Cal. Chl. & 1/4# Flo Seal per. sk. Cement Circulated. WOC 24 hrs.

7-4-67 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: 7-6-67

APPROVED BY: [Signature] TITLE: DATE:

CONDITIONS OF APPROVAL, IF ANY: