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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 6 4 01 PM '65

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

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 Kendrick Estate
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> <u>1980'</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>12S</u> RANGE <u>38E</u> NMPM.		10. Field and Pool, or Wildcat Gladiola-North Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3866' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

PROPOSE TO PLUG AND ABANDON AS FOLLOWS:

With hole full of heavy mud, set cement plugs as follows:

15 sacks across perforations (Perforated 9448-9458').
25 sacks in top of 7" casing stub.
25 sacks at 7130' (top of Tubbs)
25 sacks at 5900' (Top of Glorieta)
25 sacks in base of 9-5/8" casing at 4533'.
10 sacks in top of 13-3/8" casing.
Set regulation dry hole marker.
Clean and level location.

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 12-3-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig&2cc: OCC Hobbs. cc: Regional Office. cc: file