KO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
ANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	JAN 21 11 40 .:11 766	5a. Indicate Type of Lease
U.S.G.S.	900 III ( ) III ( ) III ( ) III ( )	State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		3. State 311 G
		THIRTH THE THE
(DO NOT USE THIS FORM F USE "AP	INDRY NOTICES AND REPORTS ON WELLS  DA PAGPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  PLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER- Plug and Abandon	8. Farm or Lease Name
Name of Operator Sinclair	· Cil & Gas Company	Kendrick Estate
3. Address of Operator P. O. Bo	x 1920, Hobbs, New Mexico	9. Well No.
4. Location : Acti	660   North   1980   FEET FROM THE   North   LINE AND   FEET FRO	10. Field and Pool, or Wildcat Gladiola Devonian
ONIT CC. The second	SECTION DESCRIPTION THE TOWNSHIP TOWNSHIP TOWNSHIP	
	15. Elevation (Show whether DF, RT, GR, etc.) 3871 GR	Lea
	neck Appropriate Box To Indicate Nature of Notice, Report or O OF INTENTION TO: SUBSEQUEN	ther Data NT REPORT OF:
PERFORM A MANDON TEMPORA ABANDON PULL OR ALLER CASING	PLUG AND ABANDON REMEDIAL WORK  COMMENCE DRILLING OPNS.  CHANGE PLANS CASING TEST AND CEMENT JQB  OTHER	ALTERING CASING PLUG AND ABANDONMENT
0ТН5 п		
17. Des roposition Comp	leter Operations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
top of 12-27-05 48961 a 2 4896	L/2" (Lst Iron Bridge Plug @ 11,520°, dumped 2 sacks centert 3 11,501'. Filled hole w/heavy mud. Shot and pulled. Displaced 25 sacks cement plug on top of . Displaced 25 sacks cement plug in bottom of 9-5, and 10 sacks cement plug in top of 9-5/8"OD and 13-gulation marker, cleaned and levelled location. Pl	of 5-1/2"CD casing stub /8"CD casing @ 4503'. 3/8"CD casing and cellar.
18. I hereby certify that the in	formation above is true and complete to the best of my knowledge and belief.	
SIGNED	Superintendent Superintendent	1-10-66
APPROVEC BY She	W. Clements TITLE	DATE
CONDITIONS OF APPROVAL	. IF ANY:	

OriowPag: OCC Hobbs: cc: Regional Office; cc: file