NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	HOBBS OFF CE O.C.C		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103 Effective 1-1-65
FILE	DEC 6 4 01 PM'S	ና	
U.S.G.S.	DEC 0 A OT 111 O	J	5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR	}		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 X GAS OTHER-			7. Unit Agreement Name
2. Name of Operator Sincleir Oil & Gas Company			8. Farm or Lease Name Clovis K. Kendrick
P. O. Box 1920, Hobbs, New Mexico			9. Well No.
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER I 1980 FEET FROM THE SOUTH 660 FEET FROM			Gladiola-North Devonian
THEEastLINE, SECTION	0N 12		
	15, Elevation (Show whether	3872 GR	12. County Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON $oxed{X}$	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DEILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
OTHER		OTHER	
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 1903.			
PROPOSE TO PLUG AND ABANDON AS FOLLOWS:			
PROPOSE TO FLOG PRO ADMINION AS FOLIABLE:			
With hole full of hezvy mud, set cement plugs as follows:			
10 sacks across perforations (Perforated 11,974-11,987').			
25 sacks in top of 5-1/2" casing stub.			
25 sacks at 9400' (top of Penn)			
25 sacks at 8800' (to			
25 sacks at 7110' (top of Tubb)			
25 sacks at 5860' (top of Glorieta)			
25 sacks at 4503' (in base of 9-5/8" casing)			
10 sacks in top of 13-3/8" casing.			
Set regulation dry hole marker.			
Clean and level location.			
10 Thombs and the state of			
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
7-1-1		Superintendent	12-3-65
SIGNED	TITLE	- Caper Involuente	DATE
5			
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY			