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# NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: OOC, Hobbs  
cc: Regional Office  
cc: file

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 Henry A. Harris	
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM East THE LINE, SECTION 18 TOWNSHIP 12S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Gladiola Devonian	
15. Elevation (Show whether DF, RT, GR, etc.) 3868' GR		12. County Lea	

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 checked="" 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 <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.

PROPOSE TO: Change plans and set C.I. plug @ 8191' w/2 sacks cement on top instead of C.I. plug @ 11,900' w/2 sacks cement on top.  
All other proposals to P&A remain the same.

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 4-11-68

APPROVED BY [Signature] TITLE SUPERVISOR DATE 4-11-68

CONDITIONS OF APPROVAL, IF ANY: