

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Sinclair Oil & Gas Company				Address 520 E Broadway, Hobbs, New Mexico			
Lease State Lea 912		Well No. 1	Unit Letter G	Section 28	Township 15N	Range 32E	
Date Work Performed see below		Pool Anderson Ranch-Wolfcamp			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

<input checked="" type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	

Detailed account of work done, nature and quantity of materials used, and results obtained.

3-27-62 - Spudded at 8:30 PM 3-27-62. (Eastland Drilling Company).

3-28-62 - Cemented 617' of 13-3/8" SW 35.6 Casing at 617' with 505 sacks cement. (405 sks reg w/4% gel & 2T cal chl and 100 sks reg w/2% gel & 2T cal chl). Cement circulated to surface. WOC. Completed at 11:00 PM 3-28-62.

3-29-62 - Tested casing w/600 lbs pump pressure for 30 mins before and after drilling out cement - tested OK, no decrease in pressure. Cement set 23 hrs prior to commencing test.

Witnessed by Lee Box	Position Asst. Foreman	Company Sinclair Oil & Gas Company
--------------------------------	----------------------------------	--

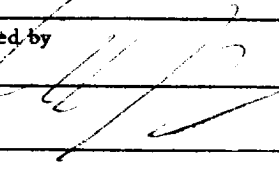
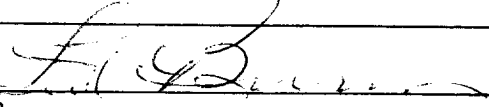
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 		Name 	
Title		Position Dist. Supt.	
Date		Company Sinclair Oil & Gas Company	

Orig&2cc: OCC; cc:NPD, JN, File, cc:State Land Office.2cc: Champlin Oil & Ref.