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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 24 12 45 PM '65

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-10646-12	
7. Unit Agreement Name	
8. Farm or Lease Name State-Grambling WN	
9. Well No. 1	
10. Field and Pool, or Wildcat Shoe Bar Penn	
12. County Lea	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Sinclair Oil & Gas Company
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico
4. Location of Well UNIT LETTER A 660' FEET FROM THE North LINE AND 660' FEET FROM THE East LINE, SECTION 34 TOWNSHIP 16S RANGE 35E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3978' IR

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 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 Acidize <input checked="" 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.

1-10-65 Acidized Pennsylvanian perforations 12,310' to 12,350' with 1500 gals. NIFE 15% acid, Max. Press 2800#, Min. 2800# @ 1.5 BPM. Immed. SIP 1700#.

1-20-65 After 24 hr. SI Pressure 540#, 41 Hr. SI Pressure 640#. Opened well bled down 640# to 25# in 25 min. Gas TSTM. Shut-in.

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 **2-23-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig&3cc: OCC, cc: RFS, cc: file