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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C.C.
C-102 and C-103
Effective 1-1-65
JAN 5 00 PM '66

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-5219

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 type="checkbox"/> OTHER- Water Disposal Well	7. Unit Agreement Name
2. Name of Operator Sinclair Oil & Gas Company	8. Farm or Lease Name State
3. Address of Operator P.O. Box 1920, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER D 330 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 16S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Dean Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 3840' 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 type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 103.

PROPOSE TO: Clean out to 6420' FBD, run 5-1/2" OD Casing from surface to 3200' and cement back to surface.

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 **1-1-66**

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig&2cc: OOC Hobbs, cc: State Land Office, cc: Regional Office, cc: Partners, cc: file