	3		F.,		
<u></u>	 }		$Mu_{0,\gamma_{1},\gamma_{2},\gamma_{2}}$		
NO. OF COPIES RECEIVED			Form C > 103 r	Æ o	
DISTRIBUTION		, · · · · · · · · · · · · · · · · · · ·	Supersedes Ol. 20-192 and C-1-Effective 1-1-6	c_{03} c_{\cdot} c_{\cdot}	
SANTAFE		SERVATION COMMISSION	Effective 1-1-6	\$	
FILE	Orig&2cc: OCC, Hobbs			11 '67	
U.S.G.S.	cc: Regional Off		5a. Indicate Type		
LAND OFFICE	cc: State Land C	ffice	State X	Fee.	
OPERATOR	cc:file		5. State Oil & Gas		
			B-15	105	
SLIN	IDRY 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.			7. Unit Agreement	Name	
OIL X GAS WELL	OTHER-				
2. Name of Operator Sinclair Off Corporation Marcol				Name	
Sinclair Oil & Gas Company into Atlantic Richfield Company			State 18	State 182 "A"	
3. Address of Operator				9. Well No.	
P. O. Box 1920, Hobbs, New Mexico] 3	
				10. Field and Pool, or Wildcat	
4. Location of Well N 1959.54 West 660			1	Lovington Abo	
UNIT LETTER N 1959.54 FEET FROM THE West LINE AND FEET FROM			™	minimum minimum	
Santh	21 16	S 37E		///////////////////////////////////////	
South	31 16 ECTION 31	S RANGE 37E	~ <i>////////////////////////////////////</i>		
				777777777	
15. Elevation (Show whether DF, RT, GR, etc.)			12. County		
(Lea	VIIIIIII	
16. Chec	k Appropriate Box To Indicate	Nature of Notice, Report of C	Other Data		
	FINTENTION TO:	-	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	ING CASING	
and the second s	TEST AND ADARDS.	COMMENCE DRILLING OPNS.		ND ABANDONMENT	
TEMPORARILY ABANDON		CASING TEST AND CEMENT JOB	, 200 7		
PULL OR ALTER CASING	CHANGE PLANS				
		OTHER			
OTHER					
17. Describe Proposed or Complete	d Operations (Clearly state all pertinent de	tails, and give pertinent dates, includi	ing estimated date of s	starting any proposed	
work) SEE RULE 1 103.	D 0 43001 /0				
2-12-67 Set U.1. B.	.P. @ 8130' w/2 gal. hydra	mite to 8127'. Pressur	e plug and ca	eing to	
	30 mins. Tested O.K.				
2-14-67 Jet perfora	ated Abo 8118-23' w/10-3/8	" holes. M. A. washed	perfs. w/500	gals. Max.	
Press. 4200	0#, Min. Press. 2200# @ 1	BPM, ISIP 2000#, 5 mins	. SIP Vacuum.	•	
Swabbed 12	BAW plus 33 BLO plus 32 B	FW in 6 hours, 3500' Fl	CH.		
2-15-67 Swabbed Abo	perfs. 8118-23' 150 BFW	plus 2 BNO in 10 hours	w/4500' FIH.		
2-16-67 Swabbed Abo	o perf. 8118-23' 147 BFW	plus 5 BNO in 10 hours.	4000' fluid	level.	
	ing and packer, workover u				
effective 2					
				b	
	•				
18. I hereby certify that the informs	ation above is true and complete to the best	of my knowledge and belief.			
1					
TODA		Superint endent	2	21-67	
SIGNED	TITLE	- abor Tito diw dito	DATE	-~1-0/	

CONDITIONS OF APPROVAL, IF ANY: