NO. OF COPIES RECEIVED		· 1	Form C-103
DISTRIBUTION	7	rago e for a control of the control	Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		•	E110C1144 1-1-03
U.S.G.S.	Orig&2cc: OCC Hobbs	TEB ! 11-52 M 16	5a. Indicate Type of Lease
LAND OFFICE	cc: State Land		State X Fee
OPERATOR	cc: Regional,		5. State Oil & Gas Lease No.
	<u> </u>		B-1505
SUNC			
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL A GAS WELL A	OTHER-		7. Unit Agreement Name
2. Name of Operator Sinclair Cil & Gas Compeny			8. Farm or Lease Name State 182 "A"
3. Address of Operator			9, Well No.
P. O. Box 1920, Hobbs, New Mexico			4
4. Location of Well K 1650 South 2289.54			10. Field and Pool, or Wildcat Lovington Abo
THE West LINE, SEC	TION	SS RANGE 37E NMPM.	
	15. Elevation (Show whether		12. County
		13' GR	Lea
16. Check	Appropriate Box To Indicate	Nature of Nation Penant of Orl	has Dava
Check Appropriate Box To Indicate Nature of Notice, Report or Oth NOTICE OF INTENTION TO: SUBSEQUENT			T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOE	. 200 AND ABARDONMENT
_		OTHER Perf. additions	al Abo Zone
OTHER			
17. Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails and give pertinent dates including	actimated data of station and account
WORK) SEE NOLE 1103.			
to 8272', Acidized p 2000# usin 1-25-66 On potent 8372' 136 Calculated	wable B.P. @ 8390'. Jet wholes. Ran 2-7/8"CD tu seating nipple @ 8270'. erforations 8326-72' w/10 g 44 ball sealers. ISIP ial test 14 hours ending BNO Gwty 38.2 plus 4 BAW. 24 hr. potential 235 BOP d in Abo after setting B.	bing to 8310' w/packer a Broke formation w/250 g 00 gals. M.A. Max. Press 1600#, 10 Mins. SIP 0#. 8:00 PM 1-25-66 flowed A GOR 615:1, 18/64" chok D. Calendar Day Allowab	and Hydraulic hold down gals. M.A. 2 BPM @ 2000#. 3. 2900#, Min. Press. Rate 3 BPM. Abo perforations 8326-
18. I hereby certify that the informatio	on above is true and complete to the best o	of my knowledge and belief. Superintendent	
SIGNED	TITLE		. DATE 1-26-66

CONDITIONS OF APPROVAL, IF ANY