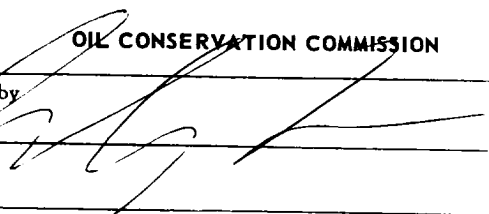
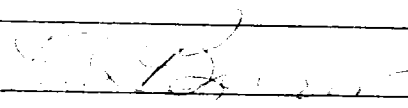


NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION <b>MISCELLANEOUS REPORTS ON WELLS</b> <i>(Submit to appropriate District Office as per Commission Rule 1106)</i>			FORM C-103 (Rev 3-55)	
Name of Company <b>Sinclair Oil &amp; Gas Company</b>		Address <b>520 E Broadway, Hobbs, New Mexico</b>				
Lease <b>Good Estate</b>	Well No. <b>2</b>	Unit Letter <b>I</b>	Section <b>22</b>	Township <b>15E</b>	Range <b>30E</b>	
Date Work Performed <b>see below</b>	Pool <b>Medicine Rock Devonian</b>			County <b>Lea</b>		
THIS IS A REPORT OF: <i>(Check appropriate block)</i>						
<input type="checkbox"/> Beginning Drilling Operations <input type="checkbox"/> Casing Test and Cement Job <input checked="" type="checkbox"/> Other (Explain): <b>Installing pumping equipment &amp; well potential for new well.</b>						
<input type="checkbox"/> Plugging <input type="checkbox"/> Remedial Work						
Detailed account of work done, nature and quantity of materials used, and results obtained.						
<b>8-26-62 - Well shut in, released rig, waiting on pumping equipment to install and potential.</b>						
<b>10-5-62 12762FB Devonian - completed installing hydraulic pumping equipment &amp; placed well on pump. Pumped 12 bbls new oil &amp; 610 bbls formation water in 15 hrs.</b>						
<b>10-10-62 12762FB Devonian - on 24 hour potential test ending 11:00 AM 10-10-62, well pumped 119 bbls new 46.0 gravity oil and 730 bbls formation water in 24 hours. GOR 18TH. (Hydraulic pumping equipment). Completed as a producing well in the Medicine Rock Devonian Pool, Devonian Zone, thru perforations 2 jet shots per foot at 12765, 12775 &amp; 12780. Final Report.</b>						
Witnessed by <b>Vernon R. Black</b>		Position <b>Foreman</b>		Company <b>Sinclair Oil &amp; Gas Company</b>		
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY						
ORIGINAL WELL DATA						
D F Elev.	T D	P B T D		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: <b>Dist. Supt.</b>		
Date:				Company: <b>Sinclair Oil &amp; Gas Company</b>		