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NEW MEXICO OIL CONSERVATION COMMISSION
N.M.C.C.

JAN 11 2 54 PM '66

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name C. S. Stone
9. Well No. 1
10. Field and Pool, or Wildcat Medicine Rock Devonian
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 checked="" type="checkbox"/> GAS WELL <input 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 G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 15S RANGE 38E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3722' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Squeeze cement, perforate treat & test same zone <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1103.

PROPOSE TO: Squeeze off present perforations 12,740-752' w/cement. Reperforate same zone selectively @ 12,649, 12,655, 12,660, 12,664 and 12,670', test, treat w/acid if necessary and return to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED L. B. Burn TITLE Superintendent DATE 1-11-66

APPROVED BY [Signature] TITLE DATE 16

CONDITIONS OF APPROVAL, IF ANY:

Orig: 2cc: OCC Hobbs, cc: Regional Office, cc: Partners, cc: file