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LAND OFFICE	
OPERATOR	

HOBBS OFFICE O.C.C.

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

NEW MEXICO OIL CONSERVATION COMMISSION
Orig&2cc: OCC, Hobbs
cc: Regional Office
cc: State Land Office
cc: file

JUL 7 1 37 PM '67

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. K-2296	
7. Unit Agreement Name	
8. Farm or Lease Name Lea 668 State	
9. Well No. 1	
10. Field and Pool, or Wildcat Kemnitz Wolfcamp	
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 88240
4. Location of Well UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>16S</u> RANGE <u>34E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4090' GR

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

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Presently producing 12 BOPD and 9 BWPD from Wolfcamp perfs. 10,756-768'.

PROPOSE TO: Acidize Wolfcamp perfs. 10,756-768' w/approx. 3000 gals. 15% sequestering acid, swab back and place back on production.

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 7-7-67

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: