

NEW MEXICO OIL CONSERVATION COMMISSION

FEB 23 12 44 PM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. <b>K-2296</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>State 668 Lea</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>Kennitz Wolfcamp</b>	
12. County <b>Lea</b>	

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 <b>Sinclair Oil &amp; Gas Company</b>
3. Address of Operator <b>P. O. Box 1920, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660'</b> FEET FROM THE <b>West</b> LINE, SECTION <b>27</b> TOWNSHIP <b>16S</b> RANGE <b>34E</b> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

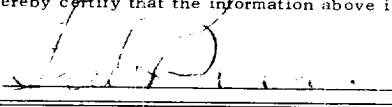
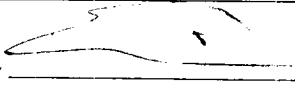
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <b>Run 5-1/2"OD Casing</b> <input checked="" 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.

2-16-65 Run 10,850' of 5-1/2"OD 17# J-55 & N-80 casing and cemented with 350 sks. (250 sks. 50/50 Pos & Incor plus 4% gel. Wt. 13.4# and 100 sks 50/50 Pos & Incor Wt. 13.9#). WOC 24 hrs.

2-17-65 Pressure tested casing to 1500# for 30 min. Tested O.K.

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

SIGNED 	TITLE <b>Superintendent</b>	DATE <b>2-22-65</b>
APPROVED BY 	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

Orig&3cc: OCC, cc:RFS, cc:file