NO. OF COPIES RECEIVED	· ·		
DISTRIBUTION	-		Form C-103
SANTA FE	-		Supersedes Old C-102 and C-103
	NEW MEXICO OIL COM	NSERVATION COMMISSION	Effective 1-1-65
FILE	_ Orig&3cc: OCC, Hob	h s	
U.S.G.S.	cc: State La	nd Office	5a. Indicate Type of Lease
LAND OFFICE	cc: Regional		State Fee
OPERATOR	cc: file	911 100	5. State Oil & Gas Lease No.
			B 1582
(DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS O OPOSALS TO DRILL OR TO DEEPEN OR PLUG TION FOR PERMIT -" (FORM C-101) FOR S	N WELLS BACK TO A DIFFERENT RESERVOIR. UCH PROPOSALS.)	
OIL X GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator SINCIAIR OIL & GAS COMPANY			8. Farm or Lease Name
3. Address of Operator			Lea 1,03 State
P. C. Box 1920	, Hobbs, New Mexico 882	240	2, well 140.
-	510 FEET FROM THE North	£10	10. Field and Pool, or Wildcat Hid Vacuum Devonian
1			T FROM VACUUTI Abo Reef
THE West LINE, SECTION	on 17 TOWNSHIP 1		- NMPM. (111111111111111111111111111111111111
	15. Elevation (Show whethe	7 DF, RT, GR, etc.) 3948 ** GR	12, County
16. Check	Appropriate Box To Indicate		Lea
NOTICE OF IN	TENTION TO:	SUBSEQ	or Other Data DUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	¬
TEMPORARILY ABANDON		· -	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
Abandon Mid Vacuu	m Dev., recomplete in	CASING TEST AND CEMENT JOB	J
отнек_Vaduum Abo Reef.		OTHER	
	X_	· ·	
17. Describe Proposed or Completed Op	erations (Clearly state all pertinent de		luding estimated date of starting any proposed
WORK) SEE RULE' 1 108.	The second secon	una, and give pertinent dates, inc	luding estimated date of starting any proposed
PROPOSE TO: Set C.I	. Plug in 7" casing @ a	rnrox 11 Fld: and a	ump 2 sacks cement on top
and plu	g back to approx 11 5	Phrove TT > 740, and all	ump 2 sacks cement on top ug. Perforate additional
water ar	nd recomplete as single	oilwell in Abo reef	formation 8807-88821
			·
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•			
		•	
		•	•
8. I hereby certify that the information -	house In American		
8. I hereby certify that the information a	ouve is true and complete to the best o	f my knowledge and belief.	
THA			
IGNED	TITLE S	urerintendent	Manch 20 10/0
			OATE <u>March</u> 30, 1968
Losta			
PROVED BY	men TITLE	•	
ONDITIONS OF APPROVAL, IF ANY:			DATE
1/			