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NEW MEXICO OIL CONSERVATION COMMISSION
 Orig & 2cc: OOC Hobbs
 cc: Regional Office
 cc: file

HOBBS OFFICE
 Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65
 APR 8 10 40 AM '66

| |
|------------------------------------------------------------------------------------------------------|
| 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 R. D. Lee |
| 9. Well No. 1 |
| 10. Field and Pool, or Wildcat Budkeye Abo |
| 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 <u>B</u> <u>2310</u> FEET FROM THE <u>East</u> LINE AND <u>330</u> FEET FROM THE <u>North</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18S</u> RANGE <u>35E</u> 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 <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.

3-28-66 Spud 11:00 PM 3-28-66.
 3-29-66 Ran 13-3/8"OD 48# H-40 casing set @ 373' and cemented w/400 sacks Class "A" Cement w/2% Gel and 2% Cal. Chl. Wt. 15.6#. Cement Circulated. WOC 24 hrs.
 3-30-66 Pressure tested casing to 1000# for 30 mins. Tested O.K.
 4-2-66 Ran 8-5/8"OD 24 and 32# J-55 and H-40 casing set @ 3600' and cemented w/1250 sacks cement. 500 sks. Class "C" Diamix plus 8% Gel plus 32# salt per. sk. plus .5 of 1% D30 (Friction reducer) slurry wt. 12.8#. 550 sks. Incor plus 32# salt per. sack Slurry Wt. 13.2#. 200 sacks Incor Neat Slurry Wt. 14.8#. Did not Circulate. WOC 24 hrs. Temperature Survey indicated top of cement 300' from surface.
 4-3-66 Pressure tested 8-5/8"OD casing to 1000# for 30 mins. Tested O.K.

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 4-7-66
 APPROVED BY [Signature] TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: