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HOBBS OFFICE O. C. C.  
**NEW MEXICO OIL CONSERVATION COMMISSION**  
 Orig & cc: OCC, Hobbs JUN 28 11 35 AM '66  
 cc: Regional Office  
 cc: file

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

5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.

**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- 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>G</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>18</b> TOWNSHIP <b>17S</b> RANGE <b>37E</b> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name <b>C. M. Selby</b> 9. Well No. <b>1</b> 10. Field and Pool, or Wildcat <b>Undesignated</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

**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 <input 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 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.

**6-22-66**  
 Ran 4800' of 24# and 32# J-55 and H-40 8-5/8"OD casing set @ 4800' and cemented w/2700 sacks (1840 sks. encor plus 50% pos, 12% gel, 32# slt per. sk. wt. 12.2. 0.25% TIC), (500 sks. trinity lite wate 8% gel, Wt. 12.1#), and (360 sks. encor neat Wt. 14.8#). Cement Circulated. WOC 24 hrs.  
**6-23-66** Pressure tested casing w/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 6-27-66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: