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**NEW MEXICO OIL CONSERVATION COMMISSION**

Orig. & cc: OCC, Hobbs 27 11 37 AM '67  
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 <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Sinclair Oil &amp; Gas Company</b>	8. Farm or Lease Name <b>J. L. Crump</b>
3. Address of Operator <b>P. O. Box 1920, Hobbs, New Mexico 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>B</b> <b>990</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>15</b> TOWNSHIP <b>19S</b> RANGE <b>38E</b> NMPM.	10. Field and Pool, or Wildcat <b>Hobbs</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3588' GR</b>	12. County <b>Lea</b>

**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 checked="" 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 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.

**7-26-67 Propose To: Shut-In - Temporarily Abandon and hold for future development.**

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

SIGNED  TITLE **Superintendent** DATE **7-26-67**

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

CONDITIONS OF APPROVAL, IF ANY: