

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Sinclair Oil & Gas Company	5. State Oil & Gas Lease No. E-11614
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico	7. Unit Agreement Name
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM South 36 TOWNSHIP 21S RANGE 37E NMPM.	8. Farm or Lease Name State 367
	9. Well No. 2
	10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3367'OL	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **Perf. Elinebry Oil & dual complete w/ present Drinkard**

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.

Propose To: Well presently completed in Drinkard perforations 6491' to 6521'. Propose to set retrievable Bridge Plug @ 6480', run Gamma Ray Isotron Log, block squeeze @ 5960' and @ 5570'. Perforate Elinebry Oil Zone w/limited entry perms. from approximately 5670' to 5870'. Breakdown perms. w/acid using ball sealers and Sand Oil Frac w/20,000 gal. refined oil and 20,000# sand. Shut Elinebry Zone in until approval to dual complete with existing Drinkard production.

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 **3-31-65**

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

**Originals: OCC, Hobbs, cc: Mr. R. F. S. cc: file
cc: State Land Office**

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125