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NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: OCC, Hobbs
cc: Regional Office
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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 Sinclair Oil & Gas Company		8. Farm or Lease Name Elmer C. Hill
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico		9. Well No. 2
4. Location of Well UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

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.

10-7-66 Ran 9-5/8" CD 30 and 32#, J-55 and H-40 set @ 3202' and cemented with 950 sacks 50/50 Poz 6% Gel 15.5# salt 1/4# flow seal 12.5# slurry & 200 sk. class C, plus 4% Gel, 8# salt and 1/4# flow seal, slurry wt. 13.5. Cement Circulated. WOC 24 hrs.

10-8-66 Pressure tested 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 Tom Singleton TITLE ENGINEER DATE 10-10-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: