NO. OF COPIES RECEIVED	•		Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OLL CON	SERVATION COMMISSION	Effective 1-1-65
FILE	Orig&2cc: OCC, Hobbs		
U.S.G.S.	cc: Southern Region (West Texas)		5a. Indicate Type of Lease
LAND OFFICE	cc: file		State Fee. XXX
OPERATOR			5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL GAS WELL XX WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator SINCLAIR OIL CORPORATION			8. Farm or Lease Name J. R. Cone "B"
3. Address of Operator			9. Well No.
P. O. Box 1920, Hobbs, New Mexico 88240			10. Field and Pool, or Wildcat
UNIT LETTER 0 330 FEET FROM THE South LINE AND 1980 FEET FROM			Wantz Abo
THE East LINE, SECTION 26 TOWNSHIP 21S RANGE 37E NMPM			MPM.
mmmmmm	15. Elevation (Show whethe	DE RT CR atal	12. County
		376' GR	Lea
16. Check A	Appropriate Box To Indicate	Nature of Notice, Report or	Other Data
NOTICE OF IN	NTENTION TO:	SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	Intermediate
		OTHER	
OTHER			
	Classic state all partir and de	tails and sine participat datas incl	uding estimated date of starting any proposed
work) SEE RULE 1103.			_
(400 sks. Inco 3# salt per.,	Ran 8-5/8"OD 24# J-55 ca or Pos 4% Gel, 3# salt p /sk. slurry wt. 14.8#). w/Rule 107 casing & tul	per/sk. slurry wt. 13. Cement circulated. W	.2# & 200 sacks Incor 10C 13 hrs.
information is submitted:			
Volume of cement slurry 1361.2 cu. ft. cement brand name Southwestern Class C,			
w/additives Diamix 400 sks., 4% BJ Gel in 400 sks., 18 sacks Carlsbad salt.			
Approximate temperature of cement slurry when mixed, 50°.			
Estimated minimum formation temperature in zone of interest 60°.			
	ement strength at time of		și.
Pressure teste	ed casing to 1000# for 3	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.	
1/18			
SIGNED WITH	TITLE	Superintendent	DATE 1-27-69
SIGNED	11100		
		SUPERVISOR DISTRICT \$	
APPROVED BY	TAME TITLE		DATE
CONDITIONS OF APPROVAL, IFTANY	: /		
\checkmark			