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NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: OCC, Hobbs
cc: Southern Region (West Texas)
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 SINCLAIR OIL CORPORATION	8. Farm or Lease Name J. H. Cone "B"
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER 0, 330 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Wantz Abo
15. Elevation (Show whether DF, RT, GR, etc.) Approx. 3376'GR	12. County Lea

16. 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 type="checkbox"/>	CHANGE PLANS <input checked="" 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.

Propose to change size of surface casing, from 13-3/8"OD 48# to 11-3/4"OD 42#. Remainder of Proposed casing and cement program same as approved on Application for Permit To Drill, Deepen or Plug Back dtd 1-14-69.

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

SIGNED John W. Runyan TITLE Superintendent DATE 1-17-69

APPROVED BY John W. Runyan TITLE Superintendent DATE 1-17-69

CONDITIONS OF APPROVAL, IF ANY: