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HOBBBS OFFICE O.C.C.  
 NEW MEXICO OIL CONSERVATION COMMISSION  
 Orig<sup>2</sup>cc: OCC, Hobbs JAN 23 10 00 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.
7. Unit Agreement Name
8. Farm or Lease Name State 176
9. Well No. 5
10. Field and Pool, or Wildcat Eumont
12. County Lea

### 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-
Name of Operator Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969		
Address of Operator P. O. Box 1920, Hobbs, New Mexico		
Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>West</u> LINE AND <u>990</u> FEET FROM THE <u>north</u> LINE, SECTION <u>19</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.) 3629' GR		

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PORARILY 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 type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Install Artificial Lifting Equipment

18. 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.

1-5-67 Installed artificial lifting equipment (Pumping unit and gas engine).

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

Signed [Signature] TITLE Superintendent DATE 1-17-67  
 SIGNED [Signature] TITLE [Signature] DATE 1-17-67  
 APPROVAL, IF ANY: