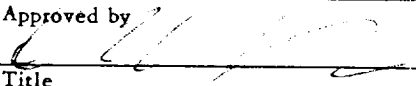


NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS			FORM C-103 (Rev 3-55)	
(Submit to appropriate District Office as per Commission Rule 1106)		1962 MAY 1 AM 9:30				
Name of Company Sinclair Oil & Gas Company			Address 520 E Broadway, Hobbs, New Mexico			
Lease Roy Barton	Well No. 2	Unit B	Letter 23	Township 21S	Range 37E	
Date Work Performed see below	Pool Wanta Abo			County Lea		
THIS IS A REPORT OF: (Check appropriate block)						
<input type="checkbox"/> Beginning Drilling Operations						
<input type="checkbox"/> Casing Test and Cement Job						
<input type="checkbox"/> Other (Explain):						
<input type="checkbox"/> Plugging						
<input checked="" type="checkbox"/> Remedial Work Acid Treatment						
Detailed account of work done, nature and quantity of materials used, and results obtained.						
<p>4/9/62 Moved in DDU - Sayers Well servicing, Pulled rods & pump. Treated Abo perf 6948-7035 down tubing w/8000 gals retarded acid. Max Press 2300#, no break. Inj rate 6 BPM, 5" SIP-O. Swabbing & testing.</p> <p>4/11/62 Ran rods & placed back on pump.</p> <p>4/26/62 On 24 hour potential test ending 6:00 AM 4/26/62, pumped 10 bbls new 41.0 gravity oil & 1 bbl formation water in 24 hrs. GOR 2795 to 1. Production raised from 5 bbls oil per day to 10 bbls oil per day. FINAL REPORT.</p>						
Witnessed by W.R. Sisson		Position Foreman		Company Sinclair Oil & Gas Company		
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY						
ORIGINAL WELL DATA						
D F Elev. 3406	T D 7350	P B T D 7290FB		Producing Interval 6948-7035	Completion Date 11-26-52	
Tubing Diameter 2"	Tubing Depth 7033	Oil String Diameter 5-1/2		Oil String Depth 7340		
Perforated Interval(s) 6948-7035						
Open Hole Interval				Producing Formation(s) Abo		
RESULTS OF WORKOVER						
Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	4-3-62	5	8	0	1625	
After Workover	4/26/62	10	28	1	1795	
OIL CONSERVATION COMMISSION				I hereby certify that the information given above is true and complete to the best of my knowledge.		
Approved by 				Name		
Title				Position Asst Dist Supt		
Date				Company Sinclair Oil & Gas Company		

Originals: OCC; cc: MFD, JM, File