

Submit this report in TRIPLICATE to the District Office, Oil Conservation Commission, within 10 days after the work specified is completed. It should be signed and filed as a report on Beginning Drilling Operations, Results of test of casing shut-off, result of plugging of well, result of well repair, and other important operations, even though the work was witnessed by an agent of the Commission. See additional instructions in the **Rules** and Regulations of the Commission.

Indicate Nature of Report by Checking Below

| REPORT ON BEGINNING | REPORT ON RESULT OF TEST | x | REPORT ON |
|---------------------|--------------------------|---|----------------|
| DRILLING OPERATIONS | OF CASING SHUT-OFF | | REPAIRING WELL |
| REPORT ON RESULT | REPORT ON RECOMPLETION | | REPORT ON |
| OF PLUGGING WELL | OPERATION | | (Other) |

| | ~~, | 1954 | | New Mexico |
|--------|-----|------|---------|------------|
| (Date) | | | (Place) | |

(Cross out incorrect words)

Following is a report on the work done and the results obtained under the heading noted above at the

| Sinclair Oil & Gas Company | S. J. Sarkeys "A" | | | |
|---|-------------------|--|--|--|
| (Company or Operator) | (Lease) | | | |
| J. C. Crain Drilling Company | , Well No. 3 | | | |
| | | | | |
| The Dates of this work were as folows: 1-9-54 | · | | | |
| Notice of intention to do the work (was not) submitted on F | orm C-102 on, 19, | | | |

and approval of the proposed plan (was) (was not) obtained.

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

TD 2820 - Set 8 5/8" OD casing @ 2819' and comented with 800 sacks of cement. Ran temperature survey which indicated top of cement behind 8 5/8" casing @ 1385' from surface. Let cament set 48 hours and tested with 1000# for 30 minutes before and

after dbilling coment plug. No decrease in pressure. Resumed drilling.

| Witnessed by | Sinclair Oil & Gas | Company | Foreman |
|--|--|---------------|---------|
| (Name) | (Company) | (Title) | |
| Approved: OIL CONSERVATION COMMISSION | I hereby certify that the to the best of my knowl Name | Supt. | |
| (Title) (Date) | Address Bex 192 | 7 Hobbs, N.N. | ••••••• |



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