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NEW MEXICO OIL CONSERVATION COMMISSION

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 & Gas Company		8. Farm or Lease Name Roy Barton
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico		9. Well No. 4
4. Location of Well UNIT LETTER C 11 1750 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 21S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

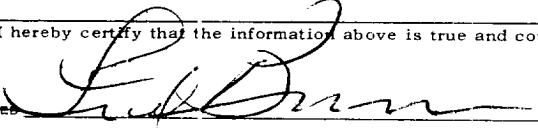
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

6-3-65 Ran 3203' of 9-5/8"OD casing and cemented w/1160 sacks. (960 sks. Trinity Lite slurry wt. 13.3# & 200 sks. Lone Star Encor Slurry wt. 14.8#. Cement circulated. WOC 24 hrs.

6-4-65 Pressure test 9-5/8"OD casing to 1000# for 30 min. Tests O.K.

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

SIGNED  TITLE Superintendent DATE 6-7-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Orig&2cc: OCC Hobbs, cc:Regional Office, cc:file