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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator <b>Sinclair Oil &amp; Gas Company</b>		8. Farm or Lease Name <b>Sarkkeys</b>
3. Address of Operator <b>P. O. Box 1920, Hobbs, New Mexico</b>		9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>P</b> <b>990</b> FEET FROM THE <b>East</b> LINE AND <b>330</b> FEET FROM THE <b>South</b> LINE, SECTION <b>23</b> TOWNSHIP <b>21S</b> RANGE <b>37E</b> NMPM.		10. Field and Pool, or Wildcat <b>Wants (Abe)</b>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <b>Lea</b>

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY 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 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.

**2-9-65 Ran 3184' of 9-5/8"OD 32.30# casing and cemented with 1160 sacks Trinity 13.3# plus 200 sacks Incor Neat 14.8# cement. Completed @ 9:45 A.M. 2-9-65. Circulated OK. WOC 24 hrs.**  
**2-10-65 Pressure tested casing to 1500# for 30 minutes. Tested Ok.**

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

SIGNED [Signature] TITLE **Superintendent** DATE **2-12-65**

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**Orig&3cc: OCC,Hobbs; cc; Mr.R.F.Sawyer; cc:file**