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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 Sarkeys
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER P 990' FEET FROM THE East LINE AND 330' FEET FROM THE South LINE, SECTION 23 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Wants (Abo)
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 checked="" 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"/>

7. 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.

2-1-65 Spudded 2-1-65 8:00 PM 17 1/2" hole.
2-2-65 Ran 335' of 13-3/8" OD 48# casing and cemented with 400 sks. Regular cement plus 25 Cal. Chl. completed 1:00 PM 2-2-65. Cement Circulated OK. WOC 24 hrs.
2-3-65 Pressure tested casing to 600# for 30 minutes, tested OK.

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

TITLE **Area Superintendent** DATE **2-4-65**

ED BY TITLE DATE

ITIONS OF APPROVAL, IF ANY:

1st3cc: OCC, Hobbs, cc: Mr.B.F. Sawyer, cc: file