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HOBBS OFFICE O.C.C.

NEW MEXICO OIL CONSERVATION COMMISSION

Orig&2cc: OCC, Hobbs JUN 28 2 56 PM '67
cc: Regional Office
cc: file

Form C-103
*Supersedes Old
C-102 and C-103*
Effective 1-1-65

5a. Indicate Type of Lease	
State ☐	Fee. ☒

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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator
SINCLAIR OIL & GAS COMPANY

8. Farm or Lease Name
Rodman M. Jones

3. Address of Operator
P. O. Box 1920, Hobbs, New Mexico 88240

9. Well No.
2

4. Location of Well

UNIT LETTER ___D___, __660__ FEET FROM THE __North__ LINE AND __660__ FEET FROM

THE __West__ LINE, SECTION __35__ TOWNSHIP __22S__ RANGE __36E__ NMPM.

10. Field and Pool, or Wildcat
South Eunice

15. Elevation *(Show whether DF, RT, GR, etc.)*
3516' GR

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐

OTHER Blank-off Queen perfs. 3715-81' and perf. 7-Rivers treat. ☒

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.

Total Depth Drilled: 3825'. Present PBTD 3822'.

PROPOSE TO: Set retrievable Bridge Plug @ approx. 3686'. Perforate 7-Rivers @ approx.
3605-11-16-46-49-51-66-70-72' w/2-3/8" jet shots. MAW w/approx. 1000 gals.
acid. Sand Oil Frac w/approx. 20,000 gals. refined oil plus 20,000# sand.
Pull retrievable bridge plug and place on production.

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

SIGNED _____ TITLE __Superintendent__ DATE __6-28-67__

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: