OIL WELL OTHER-  2. Name of Operator  Sinclair Oil & Gas Company  3. Address of Operator  P. O. Box 1920, Hobbs, New Maxice  4. Location of Well  UNIT LETTER  THE  LINE, SECTION  15. Elevation (Show whether DF, RT, GR, etc.)  3344' DF  8. Farm or Lease Name  Duthie-Andrews Unit Will  9. Well No.  10. Field and Pool, or Wildcat  Langlie Mattix  12. County  13. County  Lea								
NEW MEXICO OIL CONSERVATION COMMISSION  Cideral Cytes  Since Conservation Commission  Since Conservation Commission  Since Conservation Commission  Support of Conservation Commission  Support of Conservation Commission  Support of Conservation Commission  Support of Conservation  Support of Conservation  P. O. Box 1920, Hobbs, New Mexico  1. Same of Operator  P. O. Box 1920, Hobbs, New Mexico  1. Support of Conservation  P. O. Box 1920, Hobbs, New Mexico  1. Support of Conservation  Support of Conservation  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  Notice of Intention To:  Supscould Conservation  Conservation Conservation  Conser	NO. OF COPIES RECEIV	ED						
NEW MEXICO OIL CONSERVATION COMMISSION  File:  U.3.0.45.  LAND OFFICE  OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS  OF ANY OF THE PROPERTY O	DISTRIBUTION					•		
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Other Sinelar Oil & Gas Company  S. Address of Operator  Sinelar Oil & Gas Company  S. Address of Operator  P. O. Box 1920, Hobbs, New Mexice  1. Debt in Section 18  1980  FET FROM THE STATE STATE SERVICE 12. COUNTY  Langile Mattix  THE STATE STA	SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)							
Sincleir Cil & Gas Company  Duthic-Andrews Unit W  P. O. Box 1920, Hobbs, New Mexico  1. D. Nell No.  1. Legalite of Nell  OHIT LETTER  LINE, SECTION 18  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK  THE SQUARM REMODAL WORK  THE SQUARM REMODAL WORK  PLUE OR ALTER CASHING  OTHER  OT	WELL L	GAS WELL	OTHER-					
P. O. Box 1920, Hobbs, New Mexico  A. Location of Well  Unit Letter J 1980  FEET FROM  THE B LINE, SECTION 18 TOWNSHIP 235  ARREE 37E  UNIT LETTER J 18 TOWNSHIP 235  ARREE 37E  UNIT LETTER J 18, Elevation (Show whether DF, RT, GR, etc.)  33.4.1 DF  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PILLO AND ARABOON   CHANGE PLANS   CHANG		Sinelair Oi	l & Gas Compar	y		Duthie-A		
Lengthe Mattix  THE E LIME, SECTION 13 TOWNSHIP 235 NAMEL 37E  THE E LIME, SECTION 13 TOWNSHIP 235 NAMEL 37E  THE E LIME, SECTION 13 TOWNSHIP 235 NAMEL 37E  TOWNSHIP 235 NAMEL 37E  TOWNSHIP 235 NAMEL 37E  TOWNSHIP 235 NAMEL 37E  TOWNSHIP 245 NAME P. R. C.R. etc.)  3314 DF  Check Appropriate Box To Indicate Nature of Notice, Report of Other Data  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT O	3. Address of Operator P. O. Box 1920, Hobbs, New Mexico						1	
THE B LINE, SECTION 18 TOWNSHIP 235 RANGE 37E SANGE 112. COUNTY LOSS INC. SECTION 15. Elevation (Show whether DR. RT. CR. etc.)  15. Elevation (Show whether DR. RT. CR. etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  COMMISCE DRILLING DRS.  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  PLUS AND ABANDONMENT  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDONMENT  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDONMENT  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDONMENT  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDONMENT  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDONMENT  COMMISCE DRILLING DRS.  ALTERING CASING  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  PLUS AND ABANDON  ALTERING CASING  CHARGE PLANS  OTHER  COMMISCE DRILLING DRS.  ALTERING CASING  COMMISCE DRILLING DRS.  ALTERI	4. Location of Well	J 1	980	3	1980	Langli		
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SIGNED LIGHT TITLE Area Superintendent DATE	18. I hereby certify the	it the information a	thove is true and compl	ete to the best	of my knowledge and belief.			
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