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HOBBS OFFICE O.G.C.
NEW MEXICO OIL CONSERVATION COMMISSION

Orig³cc: OCC, Hobbs
cc: Regional Office
cc: file

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

May 20 11 09 AM '68

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"/> 2. Name of Operator SINCLAIR OIL & GAS COMPANY 3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 25S RANGE 37E NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Wimberly WN 9. Well No. 3 10. Field and Pool, or Wildcat Justis Tubb Drinkard Justis Fusselman 15. Elevation (Show whether DF, RT, GR, etc.) 3085.4 GR 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Changing plans as originally proposed and approved by OCC on 4-8-68, due to workover difficulties.

PROPOSE TO: Squeeze Cement Fusselman perfs. 7014-7058', squeeze cement Drinkard perfs. 5906-5944'.

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 5-20-68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: