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NEW MEXICO OIL CONSERVATION COMMISSION O. G. C.

Orig&2cc: OCC, Hobbs
cc: Regional Office AUG 18 11 46 AM '67
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 <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 WIMBERLY WN
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER C 990 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 25S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Justis Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 3077.6' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

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

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.

7-16-67 Acidized Blinebry perfs. 5391-5483' w/500 gals. 15% M.A. down 2-3/8" tubing @ 1/2 bbl. per. min. Max. Press. 160#, Min. Press. Vacuum.
7-17-67 On 24 hr. potential test ending 6:00 AM 7-17-67 flowed Blinebry perfs. 5391-5483' 19 bbls. oil and 1 bbl. water. GOR 1121:1. Returned to production.

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 8-3-67

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: