NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL	. CONSERVATION COMMISSION	Effective 1-1-65
FILE	Orig&3cc: OCC, Ho	obbs 👢 👢	5a. Indicate Type of Lease
U.S.G.S.	cc: Souther	rn Region (West Texas)	State Fee. X
LAND OFFICE	cc: file		5, State Oil & Gas Lease No.
OPERATOR			o, state on a day heave no.
SUN (DO NOT USE THIS FORM FOR USE "APPL			
OIL X GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator SINCLAIR OIL CORPORATION			8. Form or Lease Name Wimberly WN
3. Address of Operator P. O. Box 192	9. Well No.		
4. Location of Well UNIT LETTER C 2310 FEET FROM THE West LINE AND 660 FEET FROM			10. Field and Pool, or Wildcat Justis Blinebry
	ECTION 23 TOWNSHIP		NMPM.
THE LINE, SI	CTIONTOWNSHIP	HANGE	- www.
	15. Elevation (Show	whether DF, RT, GR, etc.)	12. County
3090.81 GR			Lea ()
	ck Appropriate Box To India FINTENTION TO:	cate Nature of Notice, Report	or Other Data QUENT REPORT OF:
	•		
PERFORM REMEDIAL WORK	PLUG AND ABAND		ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	casing test and cement job [in Bli and breakdown w/ X
			pil frac, same formation.
OTHER			
	d Operations (Clearly state all pertin	nent details, and give pertinent dates, in	ncluding estimated date of starting any proposed
work) SEE RULE 1103. TD 55251, PBTD 5505	; t _		
2-8-69 Jet perfora	ate Blinebry 5167-73-7	6-82-84-89-97-98-5214-32	2-34-37-39-42-48-62-64-82-5300
		tested plug to 800# for	
2-9-69 Ran tubing	and packer to 5035' a	nd sand oil fraced Bline	ebry perfs. 5167-5300' w/30000
gals. refir	ned oil and 30000# sand	d, preceded by 2000 gals	s. BDA Max. Press. 5600#, Min.
Press. 5500	# © 21.1 ВРМ. ISIP 1	300#, 20" SIP 1000#. 12	hr. SITP 400#. Swab to test
2-19-69 On potentia	al test 16 hrs. ending	6:00AL 2-19-69 flowed B	Slinebry perfs. 5167-5300'
			ess. 520#, Csg Press. 1225#.
· · · · · · · · · · · · · · · · · · ·		t in hole @ 5325' blanki	ng off old Blinebry perfs.
5 352 - 545 1 '.	,		
•		,	
	·		
18. I hereby certify that the inform	ation above is true and complete to t	he best of my knowledge and belief.	
F. 12)	- 0	Superintendent	2-19-69
SIGNED (1)		LE	
17/	0		
APPROVED BY MM W.	ungan TIT	LE	DATE
CONDITIONS OF APPROVAL, IF	ANY:		
			i i