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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 18 1 39 PM '65

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Winberly W
9. Well No. 10
10. Field and Pool, or Wildcat Justin Tubb Brinkard
12. County Lea

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
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 2309 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 25S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

8-13-65 Spudded 12 Noon 8-13-65. 12-1/4" holes.
8-14-65 Ran 9-5/8" OD 32.30' and 36" H-40 and J-55 casing and cemented w/500 sacks Inner cement plus 2% Cal. Chl. Cement Circulated. Casing set @ 956'. WOC 24 hrs.
8-15-65 Tested casing to 1000' for 30 min. Pressure tested O.K.

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

SIGNER *Frederick B...* TITLE **Superintendent** DATE **8-17-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Originals: OCC Hobbs, cc: Mr. RFG, cc: file