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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.

Nov 28 2 90 PM '66

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

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.
K-7332

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Stoltz & Company

8. Farm or Lease Name
Sinclair "A" State

3. Address of Operator
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico

9. Well No.
1

4. Location of Well
UNIT LETTER O, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 11 S RANGE 33 E NMPM.

10. Field and Pool, or Wildcat
Undes. N. Bagley Upper Penn

15. Elevation *(Show whether DF, RT, GR, etc.)*
4261 KB

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			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.

Set Bridge Plug at 9626 & capped with 1 sack cement. Perforated 9055-58; 9072-74; 9093-95; 9412-15 & 9428-30. Treated interval 9412-30 with 1000 gal regular acid and interval 9055-95 with 4000 gal regular acid. 11/27/66 flowed 310 bbls oil and 34 bbls water thru 22/64" choke with GOR 1430.

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

SIGNED ORIG. SIGNED BY W. L. SMITH *W. L. Smith* TITLE Agent DATE 11/28/66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: