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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 21 9 20 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>OG-6007</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Pubco State</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Undes. No. Bagley</b>
12. County <b>Lea</b>

### 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 <b>Stoltz &amp; Company - Clark</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>M</b> <b>810</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>31</b> TOWNSHIP <b>10 S</b> RANGE <b>33 E</b> NMFM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4289.5 GR</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input 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.

**Spudded 2:00 P. M. 7/18/67. Cemented 13 3/8" 48# casing at 390 feet with 400 sacks regular 2% calcium chloride. Circulated out 50 sacks. Plug down 3:00 A. M. 7/19/67. WOC 18 hours and pressure tested casing with 600# for 30 minutes, test O.K.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <b>H. L. Smith</b>	TITLE <b>Agent</b>	DATE <b>July 20, 1967</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		