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NEW MEXICO OIL CONSERVATION COMMISSION

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 Stoltz & Company	8. Farm or Lease Name Christie
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 A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 19 TOWNSHIP 11 S RANGE 33 E N.M.P.M.	10. Field and Pool, or Wildcat Undes No. Bagley L Penn
15. Elevator. (Show whether DF, RT, GR, etc.) 4309 GL	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

Spudded 2/20/69. Cemented 13 3/8" 48# H-40 casing at 352 feet with 400 sacks Class H 2% calcium chloride. Cement circulated. Plug down 8:30 PM 2/20/69. WOC 18 hours, tested casing with 800# for 30 minutes, test O.K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3734 with 200 sacks Incor Pozmix, 2% gel, 2% calcium chloride. Plug down 5:30 AM 2/24/69. WOC 18 hours, tested casing with 1000# 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 *H. J. Smith* TITLE Agent DATE 2/25/69

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: