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# NEW MEXICO OIL CONSERVATION COMMISSION

Nov 22 11 13 AM '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.	

## 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 <b>Stoltz &amp; Company</b>	8. Farm or Lease Name <b>Bell</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>A</b> <b>554</b> FEET FROM THE <b>North</b> LINE AND <b>554</b> FEET FROM THE <b>East</b> LINE, SECTION <b>21</b> TOWNSHIP <b>11 S</b> RANGE <b>33 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Undes. N. Bagley</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4264.2 GR</b>	12. County <b>Lea</b>

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
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.

Spudded 9/26/65. Cemented 10 3/4" 32.75# J-55 casing at 300 feet with 250 sacks regular cement. Cement circulated. Plug down 3:00 A.M. 9/27/65. WOC 24 hours and pressure tested with 600# for 30 minutes, test O.K.

Cemented 7 5/8" 26# J-55 casing at 3750 with 200 sacks 50/50 Pozmix Incor. Plug down 10/3/65. WOC 24 hours and pressure tested 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 A. L. Smith TITLE Agent DATE 11/19/1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: