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NEW MEXICO OIL CONSERVATION COMMISSION

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

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|--|
| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. E-1021 |

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 Deane H. Stoltz | 8. Farm or Lease Name Gulf 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 D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 11 S RANGE 33 E NMPM. | 10. Field and Pool, or Wildcat N. Bagley Upper Penn. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4266.2 GL | 12. County Lea |

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 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.

Cemented 4 1/2" 11.6# N-80 & J-55 casing at 10,105 with 330 sacks 50/50 pozmix 2% gel. Plug down 10:00 A. M. 5/26/65. 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 **H. L. Smith** TITLE **Agent** DATE **June 9, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

