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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
E-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___ , ___1980___ FEET FROM THE ___East___ LINE AND ___660___ FEET FROM

THE ___South___ 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.)*

12. County
Lea

16.
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. [X]
CASING TEST AND CEMENT JOB [X]
OTHER_____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
[ ]

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 8/31/66. Cemented 13 3/8" 48# casing at 350 feet with 350 sacks.
Cement circulated. Plug down 5:30 A.M. 9/1/66. WOC 18 hours and pressure
tested with 600# for 30 minutes, test O.K.

Cemented 8 5/8" 24# casing at 3759 with 200 sacks regular cement. Plug
down 7:00 A.M. 9/5/66. WOC 18 hours and pressure tested 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 ___A. L. Smith___ TITLE ___Agent___ DATE ___October 3, 1966___

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: