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NEW MEXICO CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

JUN 10 9 19 AM '68

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- 2. Name of Operator Stoltz & Company-Clark	7. Unit Agreement Name
3. Address of Operator c/o Oil Reports and Gas Services, Box 763, Hobbs, New Mexico	8. Farm or Lease Name Opal
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 11S RANGE 33E NMPM.	9. Well No. 1
15. Elevation (Show whether DF, RT, GR, etc.) 4305 GR	10. Field and Pool, or Wildcat Undes. North Bagley
	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.
CASING TEST AND CEMENT JOB
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 17" hole 5/30/68. Cemented 13 3/8" 48# H-40 casing at 373 feet with 400 sacks. Cement circulated. Plug down 12:45 P.M. 5/30/68. WOC 18 hours, pressure tested with 1000# for 30 minutes, test O.K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3735 with 200 sacks Incor Pozmix, 2% gel, 2% Calcium Chloride. Plug down 4:30 P.M. 6/3/68. WOC 18 hours and pressure 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 A. L. Smith TITLE Agent DATE 6/6/68

APPROVED BY John W. Remyer TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: