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NEW MEXICO OIL CONSERVATION COMMISSION

OFFICE C. C. C.

MAR 28 3 20 PM '67

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

7a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-7332	
7. Unit Agreement Name	
8. Farm or Lease Name Sinclair "B" State	
9. Well No. 1	
10. Field and Pool, or Wildcat UNDEVELOPED	
12. County Lea	

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"/>
2. Name of Operator Stoltz & Company - Clark
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 11 S RANGE 33 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4252 GR

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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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" 11.60# N-80 casing at 10,158 with 550 sacks 1:1 Pozmix Incor, 2% gel, 8# salt per sack. Plug down 4:00 A.M. 3/15/67. Top cement 8130 by temperature survey. WOC 48 hours, pressure test casing with 2,000#, test O.K.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>H. L. Smith</u>	TITLE <u>Agent</u>	DATE <u>3/28/67</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		