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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-2311

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 Stolts & Company - Clark	8. Farm or Lease Name Champlin
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 I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 11 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat Undes. North Bagley
15. Elevation (Show whether DF, RT, GR, etc.) 4308 KB	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" 11.60# N-80 casing at 10,400 with 650 sacks 1:1 Pognix Incor 2% Gel with 8# salt per sack. Plug down 2:00 AM 5/3/67. WOC 48 hours and pressure test casing with 2,000# 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 5/19/67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: