NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	IIII D D C and	Supersedes Old
SANTA FE	HIDBES OF FIRE VA DOR COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.	JUL 14 11 42 AM '67	5a. Indicate Type of Lease
LAND OFFICE	ni 0/	State 🗶 Fee.
OPERATOR		5. State Oil & Gas Lease No.
<u> </u>		0G-1025
SLIN	IDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR USE **APPLI	IDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO'R. LOCATION FOOR PERMIT - " (FOOM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Stolts & Company		Fundamental State
3. Address of Operator		9. Well No.
c/o Oil Reports &	k Gas Services, Box 763, Hobbs, New Mexico	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER I	1980 FEET FROM THE South LINE AND 660 FEET	Wildcat
UNIT LETTER	TELL TROW THE STATE OF THE ONE	
THE West LINE, SE	ECTION 30 TOWNSHIP 10 S RANGE 33 E N	MPM AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
THE LINE, SE	TOWNSHIP RANGE	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4270 GL	Lea
16. Chec	ck Appropriate Box To Indicate Nature of Notice, Report or	Other Data
		ENT REPORT OF:
NOTICE OF	THE ENTION TO.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
$\overline{}$	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JOB	FEGG AND ABANDONMENT
PULL OR ALTER CASING	<u> </u>	of Operator
07.070	OTHER RESELLATION	or oferacor
ОТНЕЯ		
	ed Operations (Clearly state all pertinent details, and give pertinent dates, incli	uding estimated date of starting any proposed
work) SEE RULE 1103.		
	Filed to amend name of operator from Stoltz	&:
	Company - Clark to Stolts & Company.	
10 Y boroby appliful that the information	ation above is true and complete to the best of my knowledge and belief.	
, ,	ation above is true and complete to the best of my knowledge and better.	
If La me	5 1	_
SIGNED / F. De My	TITLE Agent	DATE JULY 13, 1967

TITLE ____

CONDITIONS OF APPROVALLE ANY:

DATE____