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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 8 9 13 AM '67

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. OG-6008	

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 Stoltz & Company - Clark		8. Farm or Lease Name Schio "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 0 , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 11 S RANGE 33 E NMPM.		10. Field and Pool, or Wildcat N. Bagley L. Penn	
15. Elevation (Show whether DF, RT, GR, etc.) 4284.5 GL		12. County Lea	

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 checked="" 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"/>	

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 1/2" hole 7/31/67. Cemented 13 3/8" 48# casing at 371 feet with 400 sacks. Cement circulated. Plug down 10:30 PM 8/1/67. WOC 12 hours and pressure tested casing 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 <u>A. L. Smith</u>	TITLE <u>Agent</u>	DATE <u>8/7/67</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT 7</u>	DATE <u>AUG 8 1967</u>
CONDITIONS OF APPROVAL, IF ANY:		