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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. <b>E-1442 &amp; K-3710</b>	
7. Unit Agreement Name	
8. Form or Lease Name <b>Amerasia Com.</b>	
9. Well No. <b>1</b>	
10. Field and Pool or Wildcat <b>North Bagley</b>	
12. County <b>Lee</b>	

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator <b>Stelitz &amp; Company - Clark</b>	
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>	
4. Location of Well UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM <b>East</b> <b>28</b> <b>11 S</b> <b>33 E</b> THE LINE, SECTION TOWNSHIP RANGE NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>4269 GR</b>	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input 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" 11.6# N-80 casing at 10,160 with 500 sacks  
Incor Pozmix, 2% gel, 8# salt per sack. Plug down 11:00 PM  
1/31/68. WOC 48 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 <b>H. L. Smith</b>	TITLE <b>Agent</b>	DATE <b>2/9/68</b>
APPROVED BY <b>[Signature]</b>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		