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LAND OFFICE	
OPERATOR	

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-3905	
7. Unit Agreement Name	
8. Farm or Lease Name	
Frances	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Undes North Bagley	
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 C , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 11 S RANGE 33 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4301 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input 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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 10,300 with 450 sacks Pozmix, 2% gal, 8# salt per sack. Plug down 9:45 PM 3/3/68. WOC 48 hours and tested casing with 1800# 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><i>Wendy Walker</i></u>	TITLE <u>Agent</u>	DATE <u>3/15/68</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		