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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 ☐ Fee ☒

5. State Oil & Gas Lease No.

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 - A" (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 Leigh
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 11S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Undes N Bagley L Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4302 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

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" hole 5/1/68. Cemented 13 3/8" 48# H-40 casing at 353 feet with 400 sacks regular cement, 2% calcium chloride. Cement circulated. Plug down 1:00PM 5/1/68. WOC 18 hours and pressure tested with 800# for 30 minutes, test O.K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3735 with 200 sacks, 2% gel, 2% calcium chloride. Plug down 3:00AM 5/5/68. WOC 18 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 *H. L. Smith* TITLE **Agent** DATE **5/8/68**

APPROVED BY *[Signature]* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: