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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. | |
| K-3985 | |

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 Stolts & Company, Inc. | | 8. Farm or Lease Name Una |
| 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 G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 11 S RANGE 33 E NMPM. | | 10. Field and Pool, or Wildcat North Bagley |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4287 GR | | 12. County Lea |

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 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"/> | 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 10,300 feet with 500 sacks
50/50 Incor Pexmix, 8% gel, 8# salt per sack. Plug down 4:30 AM
9/9/68. WOC 48 hours and test with 2,000# for 30 minutes, test OK.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *H. L. Smut* TITLE **Agent** DATE **9/25/68**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT 1** DATE

CONDITIONS OF APPROVAL, IF ANY: