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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>K-1866</b>	

**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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator <b>Stoltz &amp; Company - Clark</b>		8. Farm or Lease Name <b>Reese</b>
3. Address of Operator <b>c/o Oil Reports &amp; Gas Services, Box 763, Hobbs, New Mexico</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>D</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM <b>West</b> <b>26</b> TOWNSHIP <b>26 S</b> RANGE <b>36 E</b> NMPM.		10. Field and Pool, or Wildcat <b>Wildcat</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>2904 GL</b>		12. County <b>Lea</b>

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <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.

Spudded 8 3/4" hole 8:00 PM 1/12/68. Cemented 7" 20# casing at 1117 feet with 250 sacks. Cement circulated. Plug down 7:30 PM 1/13/68. WOC 18 hours and pressure test with 800#, 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>H. L. Smith</i></u>	TITLE <u>Agent</u>	DATE <u>1/29/68</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		