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NEW MEXICO OIL CONSERVATION COMMISSION

HUBBARD OF Submerged Old
C-102 and 6-2-6
Form C-103
Effective 1-1-65
JUN 16 3 51 PM '67

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 -" (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	8. Farm or Lease Name
3. Address of Operator <i>Edgewater Oil Company</i>	9. Well No. <i>49</i>
4. Location of Well <i>P. O. Box 249, Eads, New Mexico 88240</i>	10. Field and Pool, or Wildcat <i>Edgewater</i>
UNIT LETTER <i>N</i> FEET FROM THE <i>South</i> LINE AND <i>1978</i> FEET FROM THE <i>West</i> LINE, SECTION <i>15</i> TOWNSHIP <i>19S</i> RANGE <i>37E</i> NMPM.	12. County <i>Lea</i>
15. Elevation (Show whether DF, RT, GR, etc.)	

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 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.

Well now in pending condition of water flow

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

Original Signed By **C. L. WADE**

SIGNED _____ TITLE **Area Superintendent** DATE **6-16-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: