

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

Form C-103  
Supersedes Old  
and C-103  
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. G. C.

3-11-MCC  
1-File

Nov 18 3 45 PM '66

5. 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 <b>Tidewater Oil Company</b>	8. Farm or Lease Name <b>East Emcart Unit</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	9. Well No. <b>79</b>
4. Location of Well UNIT LETTER <b>P</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>27</b> TOWNSHIP <b>19S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Emcart Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

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"/>	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 type="checkbox"/>	OTHER <input checked="" 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 shut in pending development of waterflood.**

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** TITLE **Area Supt.** DATE **11-18-66**

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: