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NEW MEXICO OIL CONSERVATION COMMISSION
 1-Files
 HOBBS OFFICE O. C. C.
 Jun 16 3 52 PM '67

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

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-	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Tidewater Oil Company	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	7. Unit Agreement Name
4. Location of Well UNIT LETTER K , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 19S RANGE 37E NMPM.	8. State Oil & Gas Lease No. Smart Unit
15. Elevation (Show whether DF, RT, GR, etc.)	9. Well No. 71
16.	10. State Oil & Gas Lease No. Smart Queen or Wildcat
	11. County

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"/>	<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.

Well shut in pending development of water flood.

THE COMMISSION MUST BE NOTIFIED EVERY 6 MONTHS ON FORM C 103 AS TO THE WELL STATUS AND FUTURE PLANS FOR THIS WELL.

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

Original Signed By
 SIGNED C. L. WADE TITLE Area Superintendent DATE Jun 16 1967

APPROVED BY [Signature] TITLE _____ DATE Jun 20 1967

CONDITIONS OF APPROVAL, IF ANY:

1910 10 10

121 117 sa 2 21 KUL

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