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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3-1140CC
1-File

HOODS OFFICE O. O. O.
Nov 18 3 48 PM '66

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

a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form or Lease Name East Summit Unit
9. Well No. 71
10. Field and Pool, or Wildcat Summit Queen
12. County

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"/>
2. Name of Operator Tidewater Oil Company
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 19S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 type="checkbox"/>	PLUG AND ABANDONMENT <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 1703.

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 YOUR
INTENTIONS 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 G. L. WADE TITLE Area Supt. DATE 11-18-66

APPROVED BY _____ DATE NOV 22 1966

CONDITIONS OF APPROVAL, IF ANY:

COPIES
TITLE
SIGNATURE
DATE

HOBBS OFFICE O.C.G.

Nov 18 3 44 PM '88

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