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OPERATOR	

HOBBBS OFFICE O.C.C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
3-OCC  
1-File  
APR 6 10 04 AM '66

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form or Lease Name <b>East Summit Unit</b>
9. Well No. <b>62</b>
10. Field and Pool or Wildcat <b>East Summit Queen</b>
12. County <b>Lea</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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
**Tidewater Oil Company**

3. Address of Operator  
**Box 249, Hobbs, New Mexico**

4. Location of Well  
UNIT LETTER **A**, **330** FEET FROM THE **East** LINE AND **660** FEET FROM  
THE **North** LINE, SECTION **28** TOWNSHIP **19-S** RANGE **37-E** 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 1103.

**Well shut in pending development of water flood.**

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**

**Area Supt.**

TITLE

DATE

**4-4-66**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[illegible]

and heard that

Figure 1. The effect of the concentration of the *Agrobacterium* strain on the transformation efficiency of *Agrobacterium* strain.

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new book

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*Journal of Management Inquiry* 20(6) December 2011 789-801