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NEW MEXICO OIL CONSERVATION COMMISSION

3-000
1-1110

HOBBS OFFICE O. C. C.
APR 6 10 07 AM '66

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

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>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.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>5. State Oil & Gas Lease No.</p>
<p>2. Name of Operator Tidewater Oil Company</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator Box 249, Hobbs, New Mexico</p>		<p>8. Farm or Lease Name East Eusart Unit</p>
<p>4. Location of Well 660 FEET FROM THE North LINE AND 1980 FEET FROM East LINE, SECTION 35 TOWNSHIP 19-S RANGE 37-E N.M.P.M. </p>		<p>9. Well No. 88</p>
<p>10. Field and Pool, or Wildcat Eusart Queen</p>		<p>11. Elevation (Show whether DF, RT, GR, etc.)</p>
<p>12. County Lee</p>		<p>13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>

<p>NOTICE OF INTENTION TO:</p> <p> <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER </p>		<p>SUBSEQUENT REPORT OF:</p> <p> <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> OTHER </p>	
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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.

COPIES MUST
BE KEPT FOR THIS WELL

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

Area Supt.

4-4-66

DATE _____

TITLE _____

COPIES OF APPROVAL, IF ANY: