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NEW MEXICO OIL CONSERVATION COMMISSION

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HOBBS OFFICE O.C.C.
APR 28 3 28 PM '66

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-5553

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- 2. Name of Operator Tidewater Oil Company 3. Address of Operator Box 249, Hobbs, New Mexico 4. Location of Well UNIT LETTER 0 , 760 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 19 S RANGE 37 E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3602 DF	7. Unit Agreement Name 8. Farm or Lease Name East Emont Unit 9. Well No. 101 10. Field and Pool, or Wildcat Emont 12. County Lea

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 Convert to water injection <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.

Ran casing scraper and bit to 3882'. Ran 2-3/8" 4.7# J-55 plastic coated internally tubing with Baker Model AD tension packer. Tubing set at 3746', packer at 3711'. Started injecting water 4-21-66.

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 **4-27-66**

APPROVED BY *[Signature]* TITLE **Area Superintendent** DATE **APR 28 1966**
CONDITIONS OF APPROVAL, IF ANY: