

NEW MEXICO OIL CONSERVATION COMMISSION

Nov 12 11 11 AM '65

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.

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"/>	7. Unit Agreement Name
2. Name of Operator <i>Widewater Oil Company</i>	8. Farm or Lease Name <i>East Forest 214</i>
3. Address of Operator <i>Box 249, Hobbs, New Mexico</i>	9. Well No. <i>61</i>
4. Location of Well UNIT LETTER <i>P</i> , <i>330</i> FEET FROM THE <i>South</i> LINE AND <i>990</i> FEET FROM THE <i>East</i> LINE, SECTION <i>22</i> TOWNSHIP <i>19-S</i> RANGE <i>37-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Forest 214</i>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <i>Lea</i>

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 <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 TITLE Area Supv. DATE 11-30-65
 APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: