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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-68

RECEIVED

APR 26 1979

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Survey or Lease No. E-5668
7. Unit Agreement Name
8. Name of Lessee Tidewater State
9. Well No. 4
10. Field or Locality or Wildcat Grayburg Jackson
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. FOR SUCH PROPOSALS, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

ARTESIA OFFICE

1. Name of Operator
Kennedy Oil Co., Inc. ✓

2. Address of Operator
Box 151 Artesia, N.M. 88210

3. Location of Well
UNIT LETTER H, 1976.7 FEET FROM THE North LINE AND 660 FEET FROM East LINE, SECTION 2 TOWNSHIP 17S RANGE 31E

15. Elevation (Show whether DF, RT, GR, etc.)

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 DESIGN <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 checked="" type="checkbox"/> Casing Leak Survey	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates including estimated dates proposed work) SEE RULE 1103.

The above well is valved in and ready for scheduled inspection.
Conventional Bradenhead

18. I hereby certify that the information above is true and complete to the best of my knowledge.

SIGNED W. J. Thomas TITLE Clerk DATE 4-25-79

APPROVED BY B. W. Weaver TITLE OIL AND GAS INSPECTOR DATE MAY 15 1979

CONDITIONS OF APPROVAL, IF ANY: