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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**3-OCC**  
**1-File MISCELLANEOUS REPORTS ON WELLS**

**FORM C-103**  
(Rev 3-55)

*(Submit to appropriate District Office as per Commission Rule 1106)*

Name of Company <b>Tidewater Oil Company</b>		Address <b>Box 249, Hobbs, New Mexico</b>			
Lease <b>State "AB"</b>	Well No. <b>2</b>	Unit Letter <b>K</b>	Section <b>26</b>	Township <b>15 S</b>	Range <b>36 E</b>
Date Work Performed <b>11-1-64</b>	Pool <b>Dean Perno Penn</b>	County <b>Lea</b>			

**THIS IS A REPORT OF:** *(Check appropriate block)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input checked="" type="checkbox"/> Other <i>(Explain):</i> |
| <input type="checkbox"/> Plugging                      | <input type="checkbox"/> Remedial Work              |   |

Detailed account of work done, nature and quantity of materials used, and results obtained.

**Well shut-in pending formation of secondary recovery unit.**

Witnessed by	Position	Company
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**FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY**

**ORIGINAL WELL DATA**


D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

**RESULTS OF WORKOVER**

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

**OIL CONSERVATION COMMISSION**

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

Approved by 	Name <b>Original Signed By</b> <b>C. L. WADE</b>
Title <b>Area Supt.</b>	Position <b>Area Supt.</b>
Date <b>NOV 12 1964</b>	Company <b>Tidewater Oil Company</b>