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LAND OFFICE		
OPERATOR		

HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION
APR 6 9 47 AM '66

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

3-OCC
1-File

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name State "AE"
9. Well No. 2
10. Field and Pool, or Wildcat Dean Farms Farm
12. County Lea

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 ☒ GAS WELL ☐ OTHER-
2. Name of Operator
Tidewater Oil Company
3. Address of Operator
Box 249, Hobbs, New Mexico
4. Location of Well
UNIT LETTER K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 26 TOWNSHIP 15-S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3879 KD

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 <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 formation of secondary recovery unit.

18. 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

SIGNED _____ TITLE Area Supt. DATE 4-4-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: