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NEW MEXICO OIL CONSERVATION COMMISSION

4-OCC **1-Shell** **1-Texas Pacific**
1-File **1-Sunray IX** **1-W. B. Osborne, Jr.**
1-Sinclair **1-Geo. H. Coates**

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. B-7897	
7. Unit Agreement Name	
8. Farm or Lease Name State P	
9. Well No. 10	
10. Field and Pool, or Wildcat Lovington Paddock	
12. County Lee	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator Tidewater Oil Company	
3. Address of Operator Box 249, Hobbs, New Mexico	
4. Location of Well UNIT LETTER 0 , 1980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 16 S RANGE 37 E NMPM.	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input 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.

Drilled to TD 6400'. Set 5-1/2" 15.5# J-55 8RT casing at 6399'. Cemented with 1210 sacks Incor 50-50 Diamix with 4% gel and 100 sacks Incor neat. Top of cement at 2600' by temperature survey. WOC 36 hours. Tested 5-1/2" casing with 1500# for 30 minutes, no drop in pressure.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED C. L. WADE	TITLE Area Supt.	DATE 4-29-65
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		