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NEW MEXICO OIL CONSERVATION COMMISSION

0 & 2 - NMCCC
1 - File

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

SEP 12 1967

5a. Indicate Type of Lease	Fee <input type="checkbox"/>
State <u>NM</u>	
5. State Oil & Gas Lease No.	
<u>B-7897</u>	

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 <u>Tidewater Oil Company</u>	8. Farm or Lease Name <u>State "PS"</u>
3. Address of Operator <u>Box 249, Hobbs, New Mexico</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>N</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>16S</u> RANGE <u>37E</u> NMPM. <u>Lovington-San Andres</u>	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Lea</u>

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

¹¹
Spudded 3:30 PM 9-13-67. Drilled ~~12 1/2~~ hole to 425'. Set 8-5/8" 20 and 2 1/2" SW and Sals. Casing at 422'. Cemented w/300 sacks Incor w/4% Gel, 2% Cacl, 1/4" Floccle per sack. Cement circulated. WOC 18 hours. Tested casing at 700#, for 30 minutes, OK.

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

ORIGINAL SIGNED BY
HAROLD G. VEST

SIGNED _____ TITLE Area Engineer DATE Sept. 15, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: