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NEW MEXICO OIL CONSERVATION COMMISSION

3-NMOCC

1-File

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

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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5. State Oil & Gas Lease No.

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 Tidewater Oil Company	8. Farm or Lease Name Boone Hardin
3. Address of Operator Box 249, Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER <u>G</u> <u>1331</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>18</u> RANGE <u>38</u> NMPM.	10. Field and Pool, or Wildcat Hobbs (SA-G)
15. Elevation (Show whether DF, RT, GR, etc.) 3667 Top of Casing	12. County Lea

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"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

OTHER Fill Cellar

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SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

OTHER ☐

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.

Brought Risers to surface on all strings and fill cellars with sand

Witnessed by Mr. Leslie Clements with the N.M.O.C.C. on September 28, 1966.

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

Original Signed By

SIGNED C. L. WADE

TITLE Area Supt.

DATE 9-28-66

APPROVED BY Leslie H. Clements

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: