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NEW MEXICO OIL CONSERVATION COMMISSION

3 - NMOCC - Hobbs
1 - File

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.	E-7571

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry	7. Unit Agreement Name
2. Name of Operator Tidewater Oil Company	8. Farm or Lease Name State "AS"
3. Address of Operator Box 249, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 18S RANGE 37E N.M.P.M.	10. Field and Pool, or Well Unit Arkansas Junction
15. Elevation (Show whether DF, RT, GR, etc.) 3775 GR	17. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
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.

Set cast iron bridge plug at 4400'. Dumped 1/2 sack cement on top of plug. (15' fill up.) Cut 2-7/8" casing at 1103'. Laid 25 sack cement plug from 1103 back to 978'. Laid 25 sack cement plug from 325 back to 200'. Laid 10 sack cement plug from 43' back to surface. Installed marker.

Location and pits have been levelled and cleaned up.

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

SIGNED C. R. Wade TITLE Area Supt. DATE 8-14-67

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____