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NEW MEXICO OIL CONSERVATION COMMISSION

4-OCC
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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-1565	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator Tidewater Oil Company		8. Farm or Lease Name GO State F	
3. Address of Operator Box 249, Hobbs, New Mexico		9. Well No. 5	
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 560 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17 S RANGE 34 E N.M.P.M.		10. Field and Pool, or Wildcat Vacuum	
15. Elevation (Show whether DF, RT, GR, etc.) 4018 GR		12. 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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 #5 is a dual Blinebry-Glorieta oil well, each zone producing thru 2-7/8" casing. (Tubingless completion).

Blinebry casing plugged with scale. Drilled out scale and treated as follows: 3000 gals. refined oil, 1500# sand and 500# Dowell Gypban to control scale.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Original Signed By: SIGNED B. M. BREINING	TITLE Area Engineer	DATE 5-26-65
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		