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NEW MEXICO OIL CONSERVATION COMMISSION
3-AMCCC
1-File

Form C-103
 Substituted for
 C-102 and C-103
 Effective 1-1-65
110885 OFFICE OF THE COMMISSIONER
JUN 16 3 49 PM '67

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Eastumont Unit	
9. Well No. 23	
10. Field and Pool, or Wildcat Eastmont Queen	
12. County Lea	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input type="checkbox"/>
Name of Operator Tidewater Oil Company		
Address of Operator P. O. Box 249, Hobbs, New Mexico 88240		
Location of Well		
UNIT LETTER L 1982 FEET FROM THE South LINE AND 660 FEET FROM		
THE West LINE, SECTION 3 TOWNSHIP 198 RANGE 37E NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REPAIR REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

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 shut in pending development of water flood.

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

Original Signed By

C. L. WADE

TITLE

Area Superintendent

DATE

6-16-67

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: