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NEW MEXICO OIL CONSERVATION COMMISSION
3-10-66
1-1-66

HOBBS Office Old
Form C-103
C-102 and C-103C.
Effective 1-1-65
JUN 16 3 49 PM '67

5a. Indicate Type of Lease
State ☐ Fee ☐

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. <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Tidewater Oil Company	8. Former Lease Name East Summit Unit
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 19
4. Location of Well UNIT LETTER H , 2065 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 4 , TOWNSHIP 19S , RANGE 37E NMPM.	10. Field and Pool, or Wildcat Summit Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Dea

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 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 JOBS <input type="checkbox"/>	<input checked="" 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 shut in pending development of water flood.

18. 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

Area Superintendent

6-16-67

SIGNED _____ TITLE _____ DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: