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NEW MEXICO OIL CONSERVATION COMMISSION  
3-11-66  
1-File

Form C-103  
HOBBS OF 1966  
C-102 and C-103  
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"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>Tidewater Oil Company</b>	8. Name of Lease <b>East Summit Unit</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	9. Well No. <b>14</b>
4. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1652</b> FEET FROM THE <b>East</b> LINE, SECTION <b>4</b> TOWNSHIP <b>19S</b> RANGE <b>37E</b> NMPM.	10. Field and Pool, or Wildcat <b>Summit Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

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 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"/>	<b>X</b> <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 1703.

**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

**O. L. WADE**

**Area Superintendent**

**6-16-67**

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: