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3-NEW MEXICO OIL CONSERVATION COMMISSION
1-File

Form C-103
Supersedes Old
C-102 and C-106
Effective 1-1-65
HOBBS OFFICE
JUN 16 3 00 PM '67

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input type="checkbox"/>
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 Tidewater Oil Company	8. Field Name East Emont Unit
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 28
4. Location of Well UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19S RANGE 37E NMPM.	10. Indicate if Well is a Spontaneous Combustion, or Wildcat Emont Queen
15. Elevation (Show whether DF, RT, GR, etc.)	16. County Lin

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"/>	X

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: