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NEW MEXICO OIL CONSERVATION COMMISSION

3-11MOCC
1-File

Form C-103
Replaces Old
C-102 and C-103
Effective 1-1-65
HOBBS OF 8-10-67
Jun 27 10 33 AM '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 State "J"
9. Well No. 4
10. Field and Pool, or Wildcat Monument
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Tidewater Oil Company
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>198</u> RANGE <u>373</u> 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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> NIO Well

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.

Studies are being made to determine if remedial work should be performed.

COMMISSION MUST BE
INFORMED OF WELL STATUS AND
LOCATION FOR THIS WELL

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

ORIGINAL SIGNED BY
HAROLD G. VEST

TITLE Area Supt.

DATE 6-20-67

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE