

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

110895 OFFICE O.C.C.

APR 6 10 04 AM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p>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.)</p>		<p>4. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>5. State Oil & Gas Lease No.</p>
<p>2. Name of Operator Tidewater Oil Company</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator Box 249, Hobbs, New Mexico</p>		<p>8. Farm or Lease Name Eastumont Unit</p>
<p>4. Location of Well UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 19-S RANGE 37-E N.M.P.M.</p>		<p>9. Well No. 54</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>		<p>10. Field and Pool, or Wildcat Eastumont Queen</p>
<p>12. County Lea</p>		

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 JOB <input type="checkbox"/>	OTHER <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

SIGNED C. L. WADE TITLE Area Supv. DATE 4-4-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: