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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Nov 12 11 13 AM '65

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

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 East Emont Unit	
9. Well No. 87	
10. Field and Pool, or Wildcat Emont Queen	
12. County Lea	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Tidewater Oil Company	
3. Address of Operator Box 249, Hobbs, New Mexico	
4. Location of Well UNIT CENTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 39 TOWNSHIP 19-S RANGE 37-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	

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"/>
PILE OR ALTER CASING <input type="checkbox"/>	OTHER <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 Supt.	DATE 11-12-65	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			