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NEW MEXICO OIL CONSERVATION COMMISSION

3 - MHCN
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Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65.
HOBBS 9-35-67
AUG 9 9 35 AM '67

5. Indicate type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2277

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"/>	7. Unit Agreement Name
2. Name of Operator Hidewat Oil Company	8. Farm or Lease Name East Eumont Unit
3. Address of Operator Box 249, Hobbs, New Mexico	9. Well No. 96
4. Location of Well UNIT LETTER K , 2310 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 198 RANGE 37E NMPM.	10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3593 GR	12. County 108

16. 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"/> PULL OR ALTER CASING <input type="checkbox"/> CHANGE PLANS <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 <input type="checkbox"/> Convert to injection well <input checked="" type="checkbox"/> OTHER <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 1103.

Pulled rods and tubing. Ran bit and scraper to 3855'. Set 2-3/8" internally plastic coated tubing at 3721', and Johnson type 101-S packer at 3686'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED C. P. Wade	TITLE Area Supt.	DATE 8-8-67
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		