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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

Apr 6 10 07 AM '66

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

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>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		5. State Oil & Gas Lease No.
2. Name of Operator Edgewater Oil Company		7. Unit Agreement Name
3. Address of Operator Box 249, Hobbs, New Mexico		8. Farm or Lease Name East Edmont Unit
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 19-S RANGE 37-E NMPM.		9. Well No. 103
15. Elevation (Show whether DF, RT, GR, etc.)		10. Field and Pool, or Wildcat Edmont Queen
12. County Lee		

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.

THE COMMISSION MUST BE NOTIFIED
 WITHIN 10 DAYS OF THE DATE
 OF THE WELL SHUT-IN
 AND MUST BE ADVISED OF THE
 REASON FOR THE SHUT-IN

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 **4-4-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: