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NEW MEXICO OIL CONSERVATION COMMISSION  
3-MOC  
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HOBBS OFFICE  
JUN 16 3 48 PM '67  
Form C-103  
Supersedes Old  
C-103  
Effective 1-1-65

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <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. Validity of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator <b>Tidewater Oil Company</b>		8. Form Unit Name <b>East Hobbs Unit</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>		9. Well No. <b>15</b>
4. Location of Well UNIT LETTER <b>D</b> , <b>660</b> FEET FROM THE <b>West</b> LINE AND <b>702</b> FEET FROM THE <b>North</b> LINE, SECTION <b>3</b> TOWNSHIP <b>19S</b> RANGE <b>37E</b> NMPM.		10. Field and Pool or Wildcat <b>East Hobbs</b>
15. Elevation (Show whether DF, RT, GR, etc.)		11. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input 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.

**Well shut in pending development of water flood.**

ADDITIONAL WELL STATUS AND YOUR  
FUTURE PLANS 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 SIGNED <b>C. L. WADE</b>	Area Superintendent TITLE _____	6-16-67 DATE _____
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		