

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

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

Nov 18 3 46 PM '66

3-14000
1-1-1-1-1

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
East Durant Unit

9. Well No.
61

10. Field and Pool, or Wildcat
East Durant Queen

12. County

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 GAS WELL OTHER-

2. Name of Operator
Widener Oil Company

3. Address of Operator
P. O. Box 219, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **P** **330** FEET FROM THE **South** LINE AND **990** FEET FROM THE **East** LINE, SECTION **22** TOWNSHIP **19S** RANGE **37E** NMPM.

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"/>
PULL 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 start in producing development of water flood.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original Signed By G. L. GE TITLE Area Supt. DATE 11-18-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: