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NEW MEXICO OIL CONSERVATION COMMISSION C.

3cc: NMCCC
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NOV 7 7 1967

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.	

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 TIDENATER OIL COMPANY		8. Farm or Lease Name S. J. Sarkays
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240		9. Well No. 6
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Manta Abn
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lin

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

Drilled 12-1/4" hole to 2958'. Set 8-5/8" 24# J-55 casing at 2957. Cemented with 1500 sacks 50-50 Incor-Pomix with 2% Gel and 100 sacks Incor neat. Circulated an estimated 200 sacks. WOC 36 hours. Tested 8-5/8" casing @ 1350# for 30 minutes, no drop in pressure.

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

Original Signed By

C. L. WADE

SIGNED _____

TITLE **Area Superintendent**

DATE **4-28-67**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL (IF ANY):