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NEW MEXICO OIL CONSERVATION COMMISSION

3cc: NMOCC  
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Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
Date <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 <b>TIDENATER OIL COMPANY</b>	8. Farm or Lease Name <b>S. J. Sarkeys</b>
3. Address of Operator <b>P. O. Box 249, Hobbs, New Mexico 88240</b>	9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>West</b> LINE, SECTION <b>26</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Wants Abo</b>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Spudded at 9:45 AM 4-20-67. Drilled 17-1/2" hole to 382. Set 13-3/8" 36# Armo SW Casing at 377'. Cemented w/325 sacks reg. cement with 2% casl. Circulated an estimated 10 sacks cement. WOC 24 hours. Tested 13-3/8" with 700# 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

SIGNED **C. L. WADE**

TITLE **Area Superintendent**

DATE **4-28-67**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: