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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Orig & 2cc: NMOCC

Jul 5 9 28 AM '67

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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 Tidewater Oil Company	8. Farm or Lease Name O. L. Coleman
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 17 TOWNSHIP 21-E RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3618 D.F.	12. County Lea

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Fill Cellar <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.

Install Risers on all strings and bring to surface. Attach I.D. tags to each and fill cellar with sand.

Inspected by Mr. Lealie Clements with NMOCC on 6-30-67 before filling cellar with sand.

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 6-30-67
APPROVED BY Leslie A. Clements TITLE _____ DATE _____		
CONDITIONS OF APPROVAL, IF ANY:		