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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 0.616  
 Form C-103  
 Supersedes Old  
 and C-103  
 Effective 1-1-65

3-10-67  
 Hobbs

Jun 27 10 31 AM '67

5. 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
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 0. I. Coleman
4. Location of Well UNIT LETTER <u>A</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat <u>Dunes</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Lee</u>

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 ☐  
 OTHER ☐

PLUG AND ABANDON ☐  
 CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
 COMMENCE DRILLING OPNS. ☐  
 CASING TEST AND CEMENT JOBS ☐  
 OTHER NIO Well ☒

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.

Replacement well completed. Oil zone well remain shut in.

THE COMMISSION MUST BE NOTIFIED  
 EVERY 6 MONTHS ON FORM C-103  
 TO THE WELL STATUS BOARD  
 IN ORDER TO CONTINUE 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  
 HAROLD G. VEST

SIGNED \_\_\_\_\_

TITLE Area Supt.

DATE 6-20-67

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: