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NEW MEXICO OIL CONSERVATION COMMISSION

3-1100CC
1-File

AUG 15 1 27 PM '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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry	7. Unit Agreement Name
2. Name of Operator Tidewater Oil Company	8. Farm or Lease Name GO - G. D. Riggs "B"
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 26-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Iangle-Mattix
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> 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.

Well failed to produce, holding for possible recompletion.

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 Supt. DATE 8-14-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: