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NEW MEXICO OIL CONSERVATION COMMISSION

3-411000
1-File

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65
JUN 27 10 32 AM '67

5a. Indicate Type of Lease
State ☐ Fed. ☒ Fee ☐
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 Justis McKee Unit
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 702
4. Location of Well UNIT LETTER L 1650 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 25S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Justis McKee
15. Elevation (Show whether DF, RT, GR, etc.)	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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 shut in pending development of waterflood.

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FOR TH

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

SIGNED **HAROLD G. VEST** TITLE **Area Supt.** DATE **6-20-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: