State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-30545

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
V-617

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.)

7. Lease Name or Unit Agreement Name

Tipperary SW/4-29 Unit

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Tipperary Petroleum Company

8. Well No.
2

3. Address of Operator
P. O. Box 3179, Midland, TX 79702

9. Pool name or Wildcat
Northeast Lovington Penn

4. Well Location

Unit Letter __M__ : __660__ Feet From The ___West___ Line and __810__ Feet From The ___South___ Line

Section __29__   Township __16S__   Range __37E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808.1' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐
PULL OR ALTER CASING	☐		
OTHER:_____	☐		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☒		
OTHER:_____			☐

12. 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.

Cemented 13-3/8" 48# J-55 casing at 401' with 420 sacks premium plus with

2% CaCl$_2$. Circulated 108 sacks to reserve. Pressure-tested casing to

500 psi for 30 min. Held OK.

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

SIGNATURE _Joe W. Younger_   TITLE _Operations Manager_   DATE _5-27-89_

TYPE OR PRINT NAME   Joe W. Younger

TELEPHONE NO. 915-684-7151

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 3 1989

APPROVED BY_____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: