			~.
3Submit 3 Copies To Appropriate Distr	3Submit 3 Copies To Appropriate District Office State of New Mexico		
Office District I	Energy Minerals and Nietze 15		Form C-103
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999
District II			WELL API NO.
District III	W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-005-60543
1000 Rio Brazos Rd., Aztec, NM 87410	1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.		5. Indicate Type of Lease
District IV 1220 S. St. Francis Dr., Santa Fe, NM Santa Fe, NM Santa Fe, NM		6. State Oil & Gas Lease No.	
87505 St. Francis Dr., Santa Fe, NM			o. State Off & Gas Lease No.
SUNDRY NO	TICES AND REPORTS C	N WELLS	
DIFFERENT RESERVOIR. USE "APP PROPOSALS.)	POCKIC TO DDILL OD TO DOS		7. Lease Name or Unit Agreement Name:
1. Type of Well:	—	0192021222	J. P. WHITE
Oil Well X Gas Well	Other	71819202122332	
2. Name of Operator	TION	76.	8. Well No.
TIPTON OIL & GAS ACQUIST 3. Address of Operator	HONS /	2 2000	1
P.O. BOX 1234, LOVINGTON,	NIM 000CO	K Lucia	9. Pool name or Wildcat
4. Well Location	NM 88260	RECEIVED A	Race Track; San Andres
Wen Location		OCD - ARTESIA	- Tan I Hallos
Unit Letter O	. 660 6	$=Q_{s}$ $\pm a_{s}$	
Omit Delici	: 660 feet from the	South line and 1	980 feet from the East line
Section 18	Townshin	100	
10	Township	10S Range 28E	NMPM Chaves County
	10. Elevation (Snow W	whether DR, RKB, RT, GR, etc.	c.)
11. Check	Appropriate Boy to In	dianta Matana Cara	
NOTICE OF H	NTENTION TO:	dicate Nature of Notice,	Report or Other Data
PERFORM REMEDIAL WORK	ALCIALION TO:	_ SUB:	SEQUENT REPORT OF
L. WOINE WOINE	PLUG AND ABANDON	REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	0011117117	
_	OTINGE FLANS	☐ COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	ABANDONMENT
	COMPLETION	CEMENT JOB	וט 📋
OTHER:			
		OTHER:	Return to Production XX
12. Describe proposed or complete	ed operations. (Clearly stat	e all pertinent details, and giv	
starting any proposed work). S	EE RULE 1103. For Multi	iple Completions: Attach wel	re pertinent dates, including estimated date of libore diagram of proposed completion or
recompliation.			singlam of proposed completion or
Installed wellhand and 2 2 ton	•		
Installed wellhead, ran 2 3/8" tubing, rods; set pump jack and tanks.			
Returned well to production out to			
Returned well to production 8/1/02.			
		(
I howship and Colored			
I hereby certify that the information a	bove is true and complete	to the best of my knowledge	and helief
SIGNATURE			
SIGNATURE OF	TI'	TLE <u>Secretary-Treasurer</u>	DATE 12-18-0Q
Type or print name	γ		
Type or print name	Clay Tipton		Telephone No. 505-631-4121
(This space for State use)	NMOCD.		
A DDDD OVER See	ed for record - NMOCD		
APPPROVED BY	TIT	LE	DATE
			DATH