

# OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505

## DISTRICT I

P. O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

811 S. First, Artesia, NM 88210

## DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-015-05014

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

OG-5939

7. Lease Name or Unit Agreement Name

ROBINSON UNIT  
(FORMERLY STATE RC)

8. Well No.

#9 (FORMERLY #2)

9. Pool name or wildcard

GRAYBURG JACKSON SR-QU-GB-SA

### 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. Type of Well:

OIL ☐  
WELL ☐

GAS ☒  
WELL ☐

OTHER ☐

2. Name of Operator

DWIGHT A. TIPTON

3. Address of Operator

c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NM 88241

4. Well Location

Unit Letter I : 1980' Feet From The SOUTH Line and 660' Feet From The EAST Line

Section 36 Township 16S Range 31E

NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, ect.)

4090' 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: CHANGE WELL NAME & WELL NUMBER ☒

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST & 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.

CHANGE WELL NAME FROM STATE RC TO ROBINSON UNIT AND CHANGE WELL NUMBER FROM #2 TO #9.

SQZ PERFS. 3114'-3138'. CO TO TD (4023). PUT BACK ON PUMP.

Post ID-3  
515-78  
chg well  
name

MAY 1998  
RECEIVED  
ODD ARTESIA

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

SIGNATURE

*Gaye Heard*

TITLE

MANAGER

DATE 5/1/98

TYPE OR PRINT NAME

GAYE HEARD

TELEPHONE NO. (505) 393-2727

(THIS SPACE FOR STATE USE)

APPROVED BY

TITLE

DATE

CONDITIONS APPROVAL, IF ANY:

*Ronald York*