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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
Name of Operator <b>Tipton &amp; Denton</b>		5. State Oil & Gas Lease No.
Address of Operator <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, NM 88240</b>		7. Unit Agreement Name
Location of Well: UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>29</b> TOWNSHIP <b>9S</b> RANGE <b>35E</b> N.M.P.M.		8. Farm or Lease Name <b>Clements-Glenn</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4158.4 GL</b>		9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Undes. Jenkins SA</b>		12. County <b>Lea</b>

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 <b>Request extension of time</b> <input checked="" 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 JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

**A 90-day extension of time is requested on the proposed re-entry of the subject well.**

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

SIGNED <u><i>[Signature]</i></u>	TITLE <b>Agent</b>	DATE <b>1/18/79</b>
APPROVED BY <u><i>[Signature]</i></u>	TITLE <b>Dist. 1. Supv.</b>	DATE <b>JAN 19 1979</b>
CONDITIONS OF APPROVAL, IF ANY:		