

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. 224010
30-025-22460 ✓

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
K-3837

7. Lease Name or Unit Agreement Name

Graham "B" State

8. Well No.
#1

9. Pool name or Wildcat
~~N. Bagley Permo Penn~~ Wolfcamp 96135

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 SWD well

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 A : 660 Feet From The North Line and 660 Feet From The East Line

Section 30 Township 11S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4313

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: Convert to SWD well ☒

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.

ABANDON N.BAGLEY PERMO PENN OIL AND RECOMPLETE AS WOLFCAMP DISPOSAL WELL PER SWD-507.
4/27/93 Ran 2 3/8 N-80 internally coated tubing with Model R Double Grip
Packer set at 8655'. Loaded casing with packer fluid. Test
witnessed by OCD-Jack Griffin. Perfs: 8698-8705, 8727-8730,
8735-8740, 8744-8746. Plug set @ 8819 w/35' cmt. PBTD @ 8784.

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

SIGNATURE Laren Holler TITLE Agent

DATE 5/3/93
505-393-2727
TELEPHONE NO.

TYPE OR PRINT NAME Laren Holler

(This space for State Use)

Signed by
Paul Kanta
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 06 1993

Post SWD Camp 5-6-93