Submit 3 Copies to Appropriate District Office

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

work) SEE RULE 1103.

CONDITIONS OF APPROVAL. IF ANY:

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OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30-025-22991 5. Indicate Type of Lease FEE X STATE __

1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	JG BACK TO A 7. Lease Name or Unit Agreement Name Christie				
1. Type of Well: OIL GAS OTHER	CHIISCIC				
2. Name of Operator Dwight A. Tipton	8. Well No.				
3. Address of Operator	9. Pool name or Wildcat				
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM North Bagley Permo Penn					
4. Well Location					
Unit Letter A : 660 Feet From The North	Line and 660 Feet From The East Line				
Section 19 Township 11S Range	33E NMPM Lea County				
10. Elevation (Show whether DF, RKB, RT, GR, etc.)					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF					
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	EDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COM	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASIN	CASING TEST AND CEMENT JOB				
OTHER: OTHE	OTHER: Return to Production X				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give p	ertinent dates, including estimated date of starting any proposed				

Please disregard Notice of Intent to Plug filed by Wagner & Brown 6/27/91. Well was returned to production 9/1/91. Pump 3 bbls oil, 15 bbls water & 8 MCF gas in 24 hours.

I heraby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	11	TTUE	Agent	DATE11/5/91	
TYPE OR PRINT NAME	Donna Holler		393-2727	TELEPHONE NO.	
(This space for State Use)					
APPROVED BY	* **	тп.е		DATE	