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NEW MEXICO OIL CONSERVATION COMMISSION  
DEC 29 10 31 AM '69

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
K-3710

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Tipperary Resources Corporation	8. Farm or Lease Name Warren "A" State
3. Address of Operator 500 W. Illinois Avenue, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER I 2125 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 11S RANGE 33E NMPM.	10. Field and Pool, or Wildcat N. Bagley (Lower Penn)
15. Elevation (Show whether DF, RT, GR, etc.)	12. County

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <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.	
12/16/69	T.D. 10,200'. Set 4 1/2" 11.6# N-80 casing at 10,199' and cemented with 550 SX Pozmix, 2% gel & 8# salt per sack. Plug down 12:15 a.m.
12/17/69	WOC 24 hours. Test casing with 2500# for 30 minutes. Test OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>R. W. Keener</u>	TITLE <u>Vice President</u>	DATE <u>12/24/69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SECRETARY</u>	DATE <u>12/24/69</u>
CONDITIONS OF APPROVAL, IF ANY:		