

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-025-23763</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. <u>L-188</u>
7. Lease Name or Unit Agreement Name <u>Coastal State</u>
8. Well No. <u>2</u>
9. Pool name or Wildcat <u>Flying M Penn</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <u>Dwight Tipton</u>
3. Address of Operator <u>P.O. Box 1597 Lovington NM 88260</u>	4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>9-S</u> Range <u>33-E</u> NMPM <u>LEA</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND 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.

1. CIBP @ 8500' - 35' cement
 2. 40 5XS @ 4000' - 3750'
 3. 35 5XS @ 2000 - 1900
 4. Pull 8 7/8 @ 400' + -
 5. Spot 60 5XS @ 450 - 311' + A6
 6. Spot 10 5XS @ 30' - surface
- Cir. Hole w/ 10# mud
Install Dry Hole Marker

13 3/8 - 361 - surface
8 7/8 - 3950 - TOC @ 1440'
(Liner) 5 1/2 - 3726 - 9488
Perfs @ 8592 - 98',
8602 - 08'

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

SIGNATURE Rickey Smith TITLE Agent DATE 9-03-99
TYPE OR PRINT NAME Rickey Smith TELEPHONE NO. 915-586-3076

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 28
HOURS BEFORE THE DECISIONS OF
COURT TO BE APPEALED FOR THE CASE
TO BE APPROVED