Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Lierals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		<b>₽</b>	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II				-025-Z3763
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	,		<ol> <li>Indicate Type of I</li> <li>State Oil &amp; Gas I</li> <li>L-1</li> </ol>	STATE XX FEE
( DO NOT USE THIS FORM FOR PR	TICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN OF RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or U	
1. Type of Well: OIL GAS WELL XX WELL	OTHER		Coastal S	State
2. Name of Operator	,		8. Well No.	,
Dwight A. Tipton  3. Address of Operator			9. Pool same or Wil	dcat
c/o Oil Reports & G	as Service, PO Box 755,	Hobbs, NM 882	1 Flyir	ng "M" Penn
4. Well Location  Unit Letter B: 66	O Feet From The North	Line and1980	Feet From T	he East Line
0	0.0	nge 33E 1	NMPM	Lea County
Section 9	Township 95 Rai		NAM IAI	
	////// 4377 GL			
	Appropriate Box to Indicate I		eport, or Other I SEQUENT RE	
NOTICE OF IN	TENTION TO:	308		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LITERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. L	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C			MENT JOB	
OTHER: Perf & Treat	KX	OTHER:		
12. Describe Proposed or Completed Opework) SEE RULE 1103.	crations (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of	starting any proposed
with 35 per foo	proposed to set cast iro 5' cement. Perforate 85 ot. Treat with 1,000 ga bing rods and pump and t	92-98' and 8602 .11ons 15% NEFE	-08' with 2 acid. Swab	shots
	•			
I hereby certify that the information above is	true and complete to the best of my knowledge and	1 belief.		r /12 /00

Agent

(This space for State Use ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

MAY 1 5 1989

TELEPHONE NO. 505-393-2727

Donna Holler

CONDITIONS OF AFTROVAL, IF ANY:

SIGNATURE

TYPE OR PRINT NAME

APPROVED BY -

MAY 2 1889

OCD NO885 GFACE