## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised	1-1

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	Santa Fe, New Mexico 87503		WELL API NO. 3002524481  5. Indicate Type of Lease STATE FEE	
(DO NOT USE THIS FORM FOR PRODUCTION OF COMMON COMM	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	6. State Oil & G E-13 7. Lease Name o	x Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL	OTHER			AIGG B
2. Name of Operator Tipperary Oil and	Gas Corporation		8. Well No.	9
3. Address of Operator 800 N. Marienfeld, 4. Well Location	Suite 100, Midland	d, TX 79701	9. Pool name or Mescale	Wildcat ro Devonian
	Feat From The	Line and	Feet From	n The Line
Section 27	10S Township Ra	32E	Lea MMPM	County
	10. Elevation (Show whether 4338 KB	DF, RKB, RT, GR, etc.)	WI IV	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
11. Check A	Appropriate Box to Indicate I	Nature of Notice, Re	port, or Other	_ <i>\////////////////////////////////////</i>
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
O'THER:		OTHER:		
<ol> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> </ol>	ions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date	of starting any proposed
plan to deepen	sently producing fi the well insidecas: ian section 9840-98 ly May.	ing and re-co	mplete in	a previously
I hereby certify that the information above is true and Signature	od complete to the best of my knowledge and beli	Potroloum 1	Engineer	DATE 4/3/97
TYPEOR PRINT NAME W. Jeffre	ey Sparks		TELEPHONE NO. (	915)683-5203
(This space for State Use) ONICHAL CLOSE APPROVED BY	om activité problèm Control de P	£		APR 08 1997
CONDITIONS OF APPROVAL, IF ANY:				1