Submit 3 Copies to Appropriate
District Office

State of New Mexico

Form C-103

Ω	CONCEDY	ATION	DIVICION

to Appropriate District Office	Energy, Manerais and Maurai Resources Department		Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
DISTRICT II	Santa Fe, New Mexico 87504-2088		30-025-25161		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE				
<u>DISTRICT III</u> 1000 Rio Brizos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
			E-9713		
SUNDRY NO					
(DO NOT USE THIS FORM FOR P DIFFERENT RES (FORM	7. Lease Name or Unit Agreement Name				
. Type of Well:			State 11 /1 387		
OIL GAS WELL	OTHER Salt	Water Disposal	State II > 5 /		
2. Name of Operator	18		8. Well No.		
Dwight A. Tipton			1		
	Oil Reports and Gas Ser	vices, Inc.,	9. Pool name or Wildcat 45750		
P.O. Box 755, Hobbs, Well Location	New Mexico 88241		N. Mescalero Cisco		
	1980Feet From The South	660	P. P. W. H. S.		
Unit Letter:	1300Feet From The 300 CH	Line and	Feet From The <u>West</u> Line		
Section 11	Township 10S Ra	inge 32E	NMPM Lea County		
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	V/////////////////////////////////////		
	4291 GR - 43	06 KB	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11. Checl	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data		
	NTENTION TO:		SEQUENT REPORT OF:		
NOTICE OF	TENTION TO.	301	SEQUEIT HEI OH OH.		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING		
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT L		
ULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB L_		
OTHER:		OTHER:	·		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent details, as	nd give pertinent dates, inclu	ding estimated date of starting any proposed		
Work began 7/12/9	93. Ran 2 3/8" plastic	lined tubing wi	th Baker packer at 8001.		
	ith packer fluid. Begin				
	- Partition	J	· ·		

I hereby certify that the informa	tion above is true and complete to the best of my kno	owledge and belief.				
SIGNATURE	Enne lock	mue	Agent		_ DATEJuly_	<u>30, 19</u> 93
TYPEOR PRINT NAME Donna Holler				505-393-2727	TELEPHONE NO.	
(This space for State Use)	Orig. Signed by Paul Kautz				AUG 04	
APPROVED BY	Geologist	mre			DATE	
CONDITIONS OF APPROVAL, IF	ANY:					