Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energ A finerals 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
36-025-25641

5. Indicate Type of Lease
STATE ☐ FEE XX

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

Markham

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Tipton & Denton Dwight A Tipton

8. Well No.
1

3. Address of Operator
c/o Oil Reports & Gas Services, Box 763, NM   Hobbs,

9. Pool name or Wildcat
Jenkins-San Andres

4. Well Location

Unit Letter __I__ : __660__ Feet From The __East__ Line and __1980__ Feet From The __South__ Line

Section __28__ Township __9-S__ Range __35-E__ NMPM __Lea__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4140' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   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. Set 4-1/2" CIBP @ 4740' & cap w/ 35' cmt.
2. Circulate 4-1/2" w/ mud laden fluid.
3. Spot 100' plug @ top of salt from 1800'- 1700'.
4. Spot 100' plug from 403'- 303'. (50' below & above 8-5/8" shoe)
5. Spot 10 sx surface plug.
6. Install dry hole marker & clean location.

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

SIGNATURE _Paul Bliss_   TITLE _Consultant_   DATE _4-2-92_

TYPE OR PRINT NAME _Paul Bliss_   TELEPHONE NO. _393-7320_

(This space for State Use)
Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____ APR 0

CONDITIONS OF APPROVAL, IF ANY: