

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-20419
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-6989

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State _____
2. Name of Operator Dwight A. Tipton et al	
3. Address of Operator c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241	8. Well No. 1
4. Well Location Unit Letter <u>M</u> : <u>660'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>14S</u> Range <u>34E</u> NMPM Lea County	9. Pool name or Wildcat High Plains Permo Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4095.72 DF	

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: Change Perfs ☒

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.

Set RBP @ 10,370'. Perf 10,344'-54' w/ 2 shots per foot. 500 gal. 15% NEFE acid
Swab well down. Well returned to production 3/17/98.

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

SIGNATURE Hayes Heard TITLE Agent DATE 3/20/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL AGENT'S SIGNATURE
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

J
C