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LAND OFFICE	
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CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Dwight A. Tipton, et al		8. Farm or Lease Name State
3. Address of Operator c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241		9. Well No. 1
4. Location of Well 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.		10. Field and Pool, or Wildcat High Plains Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4095		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Work began 8/7/85. Pull rods & tubing. Set retrievable bridge plug at 10,000 and cap with 2 sacks sand. Perforated 9662 to 9674 with 2 shots per foot. Treated with 3,000 gallons 15% NEFE acid. Swab load. 8/18/85 pump 43 bbls oil, 12 bbls water, 50 MCF gas 24 hours.

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

SIGNED Donna Heller TITLE Agent DATE 8/19/85ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORAPPROVED BY _____ TITLE _____ DATE AUG 21 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 20 1985

O.C.D.
HOBBS OFFICE