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DISTRIBUTION			
SANTA FE	1		
FILE			
U.S.G.S.			
LAND OFFICE	T		
65564565	1		

OIL CONSERVATION DIVISION

DATE MAR 4 1987

SANTA FE	P. O. BO	V MEXICO 87501	Form C-103 Revised 10-1-7
FILE	SANTA PE, NEV	V MEXICO 87501	La Indiana Tua
U.S.O.S.			State XX Fee
LAND OFFICE			5, State Oil & Gas Lease No.
Ur EARTON	1		K-3013 V - 779
SHINDD	Y NOTICES AND DEPORTS OF	IWELLC	minimized the
(DO NOT USE THIS FORM FOR PRO USE "APPLICATI	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN ON PLUG I	WELLS BACK TO A DIFFERENT RESERVOIR.	
1.		CH PROPOSACE.	7. Unit Agreement Name
OIL X SAB WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Dwight A. Tipton		New Mexico 86 State	
3. Address of Operator			9. Well No.
c/o Oil Reports & Gas S	Services, Inc., Box 755,	Hobbs, NM 88241	1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER F	1980 FEET FROM THE North	LINE AND 1980	Tres Papalotes Penn
THE West LINE, SECTION	N 33 TOWNSHIP 14S	RANGE 34E NMP	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	4125 DF		Lea
Check A	appropriate Box To Indicate N	lature of Notice. Report of O	ther Data
NOTICE OF IN		<u> </u>	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OFNS.	PLUG AND ABANDONMENT
PULL OR ALTER CABING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER Perf Additional	Pay & Acidize x
OTHER			
17 Describe Proposed or Completed One	rations (Clearly state all national day	ile and also postioned datas in all lis	g estimated date of starting any proposed
work) SEE RULE 1103.	rationa (Greatly state att pertment dete	ins, and give pertinent dates, including	g estimated date of starting any proposed
	nn 11/3/86. Set retreiva		
	5-15 & 9630-45 with 2 sho		
5,000 gallons 20% acid. Swab load. Return to production.			on.
11/12/86	pump 3 bbls oil and 14 b	obls water 24 hours.	
	•		
18. I hereby certify that the information at	ove is true and complete to the best of	my knowledge and belief.	
. 1 .			
Mansa Holl	TITLE Age	ent	DATE 3/3/87
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ADICINAL CIRALED BY	IDDDV SEVIXIN		

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR