## Submit 3 Copies to Appropriate District Office

## State of New Mexico

Form C-103

	State of New Mickey							
Energy	inerals and Natural Resources Department							

to Appropriate District Office	Energy	inerals and Natu	ural Reso	ources Department		Revised 1	-1-89
OIL CONSERVATION P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION 310 Old Santa Fe Trail, 1			Room 206	<b>WELL API NO.</b> 30-025-23550			
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210					5. Indicate Type	of Lease STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					6. State Oil & C		
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 o	x Unit Agreement Name	
I. Type of Well: OIL GAS WELL X WELL	7	OTHER				elaware St	
2. Name of Operator					8. Well No.	21	
Dwight A. Tipton  3. Address of Operator c/o Oil Reports & Gas Services, Inc. P. O. Box 755, Hobbs, NM 88241					9. Pool name or	Wildcat /ildcat - Dela	ware
4. Well Location	··	From The Sout	th	Line and 56	0 Feet Fro	m The West	Line
Unit Letter : 36	Town	shin 19S	Rans	F, RKB, RT, GR, etc.)	NMPM	Lea	County
	Appropri	riate Box to Indi	icate N	ature of Notice, R	Leport, or Othe	er Data	
NOTICE OF IN				SUE	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	PLU	IG AND ABANDON		REMEDIAL WORK		ALTERING CASING	i [
TEMPORARILY ABANDON	CH	ANGE PLANS		COMMENCE DRILLING	GOPNS.	PLUG AND ABAND	ONMENT L
PULL OR ALTER CASING CASING TEST AND					EMENT JOB		_
OTHER: Recomplete Lower	: Delawa	re	_ X	OTHER:			
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clea	arly state all pertinent	details, an	nd give pertinent dates, in	cluding estimated da	te of starting any propos	sed
Propose to sqz off p DO CIBP @ 5900'& per leave 5724'-5766' U, Set CIBP @ 6000'.	rf @ 590	06'-5920' L/D	el. W	ill			
The second secon	-/	to the heat of my knowle	edge and bel	ief			

TELEPHONE NO.	
ent	DATE09/26/95
-	

\_ TITLE -

DISTRICT ! SUPERVISOR

OCITIES

- DATE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY --



No William Control