

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
V-927	

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Tipperary Oil & Gas Corporation		Jons 4 State
3. Address of Operator		9. Well No.
P. O. Box 3179 Midland, Texas 79702		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>N</u> <u>560</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM		Wildcat
THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>17S</u> RANGE <u>37E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3780' (GL)		Lea

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 OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒	OTHER ☐

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 1902.

Cemented 13-3/8" 68# J-55 casing at 397' with 420 sacks Class C with 2% CaCl. Plug down at 9:30 PM 9/22/84. Circulated 60 sacks cement. WOC 12 hours. Pressure tested with 500#, tested O.K.

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

Signed Joe W. Younger TITLE Production Operations Mgr. DATE 10-10-84
ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE OCT 12 1984
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 11 1984

O.C.D.
HCBSS OFFICE