

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No.
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation 14-08-0001-16056
8. Well Name and No. Double L Queen Unit TR 5 Well #21
9. API Well No. 30-005-20348
10. Field and Pool, or Exploratory Area Double L; Queen (Assoc)
11. County or Parish, State Chaves, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well  
Oil Well      Gas Well      Other INJECTION

2. Name of Operator  
TIPTON OIL & GAS ACQUISITIONS

2. Address  
P.O. BOX 1234, LOVINGTON, NM 88260

Telephone No.  
505-631-1132

3. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FWL  
Sec. 31, T14S, R30E

**12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other RETURN TO INJECTION

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Pulled tubing. Ran and set new packer. Loaded backside - 500#, held 30 minutes. Returned to injection 8/1/04.

MIT to be performed. Test and chart will be sent to BLM and OCD after the test is run.

RECEIVED  
AUG 24 2004  
OCD-ARTESIA

14. I hereby certify that the foregoing is true and correct

Signed

*Debbie M. Kelly*

Title

AGENT

Date

8/16/04

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any

Accepted for record - NMOCD