

OCD-ARTESIA

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

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.
505-631-4121

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

660' FNL & 660' FEL

Sec. 9, T16S, R31E

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other TEMPORARILY ABANDON	<input type="checkbox"/> 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.)*

APPROVAL TO TA WAS GRANTED THROUGH 2/5/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR ADDITIONAL 60 DAYS, AT WHICH TIME WE PLAN TO RETURN TO ACTIVE INJECTION.

TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. TEST WITNESSED BY GERRY GUY, OCD.
CHART RETAINED BY GERRY GUY.

Accepted for record
NMOC *fo.*

After 4/7/07 the well must be online or plans to P & A must be submitted.

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

Signed Debbie McKelvey Title Debbie McKelvey, Agent for Clay Tipton
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMNM 04421

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMNM71003X

8. Well Name and No.

Northeast Square Lake #12

9. API Well No.

30-015-04831

10. Field and Pool, or Exploratory Area
Northeast Square Lake

11. County or Parish, State

Eddy, NM

APPROVED

Date 2/7/07

FEB 13 2007

WESLEY W. INGRAM
PETROLEUM ENGINEER



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop

Cabinet Secretary

Mark E. Fesmire, P.E.

Director

Oil Conservation Division

Tipton Oil

2-6-07

Dear Operator:

I have this date performed a Mechanical Integrity Test on the Northeast Square Lake Prem #12.

If this test was successful the original chart has been retained by the NM OCD and will be scanned into the well's file in 7 to 10 days, pending receipt of the Form C-103, indicating the reason for this test. The well files are located at www.emnrd.state.nm.us

N/A If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed as a result of the test.

→ If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status.

N/A If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a detailed description of the repair to the well. Only after receipt of C-103 will the non-compliance be closed.

If I can be of additional service contact me at (505) 748-1283 ext 105.

Thank you,

Gerry Guy
Gerry Guy
Deputy Field Inspector
District II - Artesia