Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLQCD-ARTESIA

Do not use this form for proposals to drill or to deepen or reentry

6. If Indian, Allottee or Tribe Name

to a different reservoir. Use 'APPLICATION FOR PERMIT" for such proposals			
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation
Type of Well Oil Gas			14-08-0001-16056
Well Well Other INJECTION 2. Name of Operator			8. Well Name and No. Double L Queen Unit #004Q
TIPTON OIL & GAS ACQUISITIONS			9. API Well No.
2. Address P.O. BOX 1234, LOVINGTON, NM 88260		Telephone No. 505-631-4121	30-005-20339 10. Field and Pool, or Exploratory Area
3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)			Double L; Queen (Assoc)
Unit Letter F Sec. 6, T15S, R30E			11. County or Parish, State
			Chaves, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OF TYPE OF SUBMISSION TYPE OF ACTION			-
[V]	Abandonment		Change of Plans
Notice of Intent Subsequent Report	Recompletion Plugging Back		New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing X Other CONVERT INJECTOR TO PRODUCER		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.)*			
Release tbg. from permanent packer. POOH with tbg. GIH with work string and bailer. Knock packer			
to bottom of hole. POOH with work string and bailer. Run new rods, pump, and tbg. Set pumping unit and commence production.			
, M. M. C.			
14. 1 hereby certify that the foregoing is true and correct Signed Abbre Misse, Gast Title SECRETARY TREASURER Date 2/26/04			
(This space for Federal or State office use			
Approved by Conditions of approval, if any:	Title	Da	te