

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. NMNM 0199070A	
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 3 Well #2	
9. API Well No. 30-005-20331	
10. Field and Pool, or Exploratory Area Double L; Queen (Assoc)	
11. County or Parish, State Chaves, NM	

RECEIVED

NOV 19 2004

COORDINATOR

SUBMIT IN TRIPLICATE	
1. Type of Well Oil Gas Well <input checked="" type="checkbox"/> Well Other	
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) 1650' FSL & 1650' FWL Sec. 31, T14S, R30E	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>CONVERT PRODUCER TO INJECTOR</u> <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <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.)*  Pull rods, pump and tubing out of hole. Run new 2 3/8" duo-line tubing and AD-1 packer. Set packer at 1900'. Run new mechanical integrity test and record chart.  Commence injection.	
14. I hereby certify that the foregoing is true and correct Signed <u>Debbie M. Kelley</u> Title <u>AGENT</u> Date <u>11/18/04</u> (This space for Federal or State office use) Approved by _____ Title _____ Date _____ Conditions of approval, if any: _____	

Accepted for record - NMOCD