

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-005-60097
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Double L Queen Unit
8. Well No. 006
9. Pool name or Wildcat Double L Queen; Assoc.

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. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Tipton Oil & Gas Acquisitions, Inc.
3. Address of Operator P.O. Box 1234, Lovington, NM 88260	4. Well Location Unit Letter <u>B</u> <u>990</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>36</u> Township <u>14S</u> Range <u>29E</u> NMPM Chaves, County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

4/1/06 Returned well to production.

24-hour test: 1 BO 30 BW 0 MCF

RECEIVED
MAY 12 2006
JULIA-ARTESIA

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

SIGNATURE Dellie McKelvey TITLE Agent, For Clay Tipton (Sec. Treas), Principal DATE 5/10/06
Type or print name for Clay Tipton Telephone No. 505-631-4121
(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE DATE MAY 12 2006
Conditions of approval, if any: