| Office | State of I | | | | | 10rm C-10 | |
|---|------------------------------------|------------|--|---------------------------|-------------------|-------------------------------------|-----------------|
| District I | Energy, Minerals | and Natu | ral Resources | WELL API NO | | March 25, 19 | 99 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | | 30-005-62100 | | | |
| 11 South First, Artesia, NM 88210 | | | | 5. Indicate Type of Lease | | | |
| District III 000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | STATE | | | |
| District IV | Santa Fe | e, NM 87 | 7505 | | & Gas Lease N | | \dashv |
| 220 S. St. Francis Dr., Santa Fe, NM | | | | o. Bate on e | e Gas Louse IV | <u></u> | |
| 7505 SUNDRY NOTIC | CES AND REPORTS ON | WELLS | | 7. Lease Name | e or Unit Agree | ement Name | e: |
| DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) | SALS TO DRILL OR TO DEEP | PEN OR PL | UG BACK TO A | Marlisue Quee | | | |
| . Type of Well: | | | | _ | | | |
| Oil Well X Gas Well D | Other | | | | | |] |
| . Name of Operator | | | | 8. Well No. | | | |
| ipton Oil & Gas Acquisitions, Inc. | 003Z | | | | | | |
| 3. Address of Operator | | | | 9. Pool name or Wildcat | | | |
| P.O. Box 1234, Lovington, NM 88260 | | | | Double L Queen; Assoc. | | | |
| . Well Location | | , , | —————————————————————————————————————— | | | · · · · · · · · · · · · · · · · · · | |
| Unit Letter K , 1500 fee Section 24 | Township 14S 10. Elevation (Show w | | nge 29E R, RKB, RT, GR, et | | Chaves, | County | |
| 11 61 1 | | 1' . >7 | CATAL | D () | | | |
| | ppropriate Box to Inc | dicate N | | • | | _ | |
| NOTICE OF IN | | | 1 | SEQUENT | | | $\overline{}$ |
| ERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | KK L | J ALTERIN | G CASING | ш |
| EMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | _ | PLUG AN ABANDO | | |
| ULL OR ALTER CASING L | MULTIPLE COMPLETION | | CASING TEST A CEMENT JOB | ND _ | j | | |
| OTHER: | | П | OTHER: RETUR | N TO PRODUCT | ION | | X |
| Describe proposed or complete of starting any proposed work). or recompilation. | | | | | | | |
| 4/1/06 | | | RECEIVE | ָּטַ | | | |
| Returned to Production. | | | MAY 1 2 200 | ۰. | | | |
| | | | | | | | |
| 24-hr. Test: 2 BO 30 BW | | | COUCHISTE | PIA: | | | |
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| <u> </u> | | | | | | | |
| hereby certify that the information | above is true and comple | ete to the | best of my knowled | lge and belief. | | | |
| IGNATURE Delbu 1 | nkly TITLE | Agent, Fo | r Clay Tipton (Pres | sident), Principal | DATE | 5/11/0 | , / - |
| | | | | | | | |
| 'vpe or print name Dehhie ! | McKelvev Teler | nhone No | 505-392-3575 | | | | |
| · · · · · · · · · · · · · · · · · · · | McKelvey Telep | phone No. | 505-392-3575 | | | | _ |
| This space for State use) | McKelvey Telep | phone No. | 505-392-3575 | | | MAY 1 | _ 2 2 |