

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

Form C-103
Revised March 25, 1999

WELL API NO.	30-005-63192
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name:	Twin Lakes San Andres Unit
8. Well No.	331
9. Pool name or Wildcat	Twin Lake, San Andres (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 <input type="checkbox"/>	
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>F</u> <u>2310</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>6</u> Township 9S Range 29E 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: RETURN TO PRODUCTION ☒

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.

8/2/06 RETURNED WELL TO PRODUCTION
24-hr. test 2 BO & 5 BW

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

SIGNATURE Albie McKelvey TITLE Agent, For Clay Tipton (Sec-Treas.), Principal DATE 8/15/06

Type or print name Clay Tipton Telephone No. 505-392-3575

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 8/21/06

Conditions of approval, if any:

Accepted for record - NMOCD