

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

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.)		WELL API NO. 30-005-60291
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Tipton Oil & Gas Acquisitions, Inc.		6. State Oil & Gas Lease No. OG 4681
3. Address of Operator P.O. Box 1234, Lovington, NM 88260		7. Lease Name or Unit Agreement Name: Twin Lakes San Andres Unit
4. Well Location Unit Letter <u>O</u> <u>330</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>8S</u> Range <u>29E</u> NMPM Chaves, County		8. Well No. 46
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Twin Lake, San Andres (Assoc)

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: ADD ADDITIONAL PERFS <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: RETURNED TO INJECTION <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.

Returned to Injection: 12/6/2006

Injection: 20 BWPD

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

SIGNATURE *Debra McKelley* TITLE Agent, For Clay Tipton (Sec-Treas.), Principal DATE 12/28/06

Type or print name Clay Tipton Telephone No. 505-631-4121

(This space for State use)

APPROVED BY _____ TITLE *Accepted for record NMCD* DATE _____
Conditions of approval, if any: