

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.
30-005-60297
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.
55
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 ☐ Gas Well ☐ Other **INJECTION** ☒

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 _____ 00003 672 feet from the NORTH OR SOUTH _____ line and 2285 feet from the WEST _____ line

Section 1 Township 9S Range 28E 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: ADD ADDITIONAL PERFS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: RETURNED TO INJECTION ☒

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: 12/3/2006

Injection: 20 BWPD

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

SIGNATURE *Debbie McKel* 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 DATE _____

Conditions of approval, if any:

