

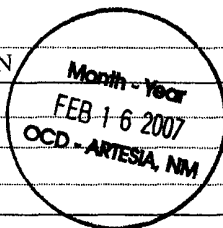
Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

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. 30-015-01196
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" 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.
3. Address of Operator P.O. Box 1234, Lovington, NM 88260		7. Lease Name or Unit Agreement Name: Artesia Metex Unit
4. Well Location Unit Letter <u>P</u> <u>330</u> feet from the South line and 330 feet from the East line Section <u>24</u> Township <u>18S</u> Range <u>27E</u> NMPM Eddy County		8. Well No. 20
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Artesia; Queen GB San Andres



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 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.

1/3/2007 Replaced tbg. & pkr. Tested backside to 500#, OK. Returned to injection. Chart attached.

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

SIGNATURE Clay Tipton TITLE Clay Tipton (Sec-Treas) DATE 1/31/07

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

(This space for State use)

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

