

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Month Year
Santa Fe, NM 87505 JUN 7 2007
OCD - ARTESIA, NM

WELL API NO.
30-005-61736
5. Indicate Type of Lease
STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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"/>	7. Lease Name or Unit Agreement Name: Twin Lakes San Andres Unit
2. Name of Operator Tipton Oil & Gas Acquisitions, Inc.	8. Well No. 118
3. Address of Operator P.O. Box 1234, Lovington, NM 88260	9. Pool name or Wildcat Twin Lake, San Andres (Assoc)
4. Well Location Unit Letter <u>B</u> <u>330</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>18</u> Township <u>9S</u> Range <u>29E</u> 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 <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.

Returned to injection 4/10/07.
Injecting 8 BWPD.

Accepted for record
NMOCD

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

SIGNATURE Delbert M. Kelly TITLE Agent for Clay Tipton (Sec-Treas.), Principal DATE _____

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

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: