Submit 3 Copies To Appropriate District Office	State of I	New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-005-60154
811 South First, Artesia, NM 88210		ATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Λ	St. Francis Dr.	STATE X FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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.)			Double L Queen Unit
1. Type of Well:			
Oil Well Gas Well	1 X Other	DECEMEN	
2. Name of Operator	Marian Maria Marian Marian Mar	RECEIVED	8. Well No.
Tipton Oil & Gas Acquisitions,	nc. MAR - 3 7004		9. Pool name or Wildcat
3. Address of Operator			
P.O. Box 1234, Lovington, NM	88260	OCD-ARTESIA	Double L Queen; Assoc.
4. Well Location			
Unit LetterM_	:feet from the	line and	feet from theline
Section	24 Township 14S	Range 29E	NMPM Chaves, County
		whether DR, RKB, RT, GR, et	
			The second secon
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	INTENTION TO:		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON	☐ CHANGE PLANS	COMMENCE DR	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	
OTHER: CONVERT INJEC	TOR TO PRODUCER	OTHER:	
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.			
Release tbg. from permanent packer. POOH with tbg. GIH with work string and bailer. Knock packer to bottom of hole.			
POOH with work string and bailer. Run new rods, pump, and tbg. Set pumping unit and commence production.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Selfri M. Kels, agent TITLE Secretary Treasurer DATE 2/27/04			
Type or print name Low Clay Tipton Telephone No. 505-631-4121			
(This space for State use)			
APPPROVED BY Conditions of company of if any	100	TITLE July	DAMAR 4 2004
Conditions of approval, if any:			•