

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir Use 'APPLICATION FOR PERMIT' for such proposals

FORM APPROVED Budget Bureau No 1004-0135 Expires March 31, 1993	
5 Lease Designation and Serial No	
6 If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation 14-08-0001-16056	
8 Well Name and No Double L Queen Unit TR 5 Well #2/	
9 API Well No 30-005-20348	
10 Field and Pool, or Exploratory Area Double L; Queen (Assoc)	
11 County or Parish, State Chaves, NM	

SUBMIT IN TRIPLICATE		
1 Type of Well Oil Well Gas Well Other INJECTION		
2 Name of Operator TIPTON OIL & GAS ACQUISITIONS		
2 Address P.O. BOX 1234, LOVINGTON, NM 88260		Telephone No 505-631-1132
3 Location of Well (Footage, Sec, T R, M, or Survey Description) 1980' FNL & 660' FWL Sec. 31, T14S, R30E		
12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice		<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other RETURN TO INJECTION <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Pulled tubing. Ran and set new packer. Loaded backside - 500#, held 30 minutes. Returned to injection 8/1/04.

MIT to be performed. Test and chart will be sent to BLM and OCD after the test is run.

NOI TO CONVERT - WORK NOT DONE *
PLEASE FLX TYPE TO "I"

THX -

Reutard
12/29/11

* INSPECTION VERIFIED

RECEIVED
AUG 24 2004
OCD-ARTESIA

14 I hereby certify that the foregoing is true and correct

Signed Debbie McKelley Title AGENT Date 8/16/04

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any

Accepted for record - NMOCD