Submit 3 Copies To Appropriate District Office	State of 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			30-005-60078	
<u>District II</u> 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE X	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & G	is Lease No.
87505	CEC AND BEDORTS ON WELL	Q .	7 Tanca Nome or	Thit Agreement Name:
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.)		7. Lease Name or Unit Agreement Name:  Double L Queen Unit		
1. Type of Well: Oil Well Gas Well	Other Injection	den en de la companya de en estado de entre de	-	
2. Name of Operator	RECEIVED		8. Well No.	
Tipton Oil & Gas Acquisitions, Inc			001	
3. Address of Operator	MAY 0 3 2005		9. Pool name or Wildcat	
P.O. Box 1234, Lovington, NM 88	8260 SIGNATION		Double L Queen; Assoc.	
4. Well Location			Donote P (freen?)	13500.
T. WOII LOVALION	and any angular profession with the my my platery to the moves, see any place and page elected of the	A real residents and the real of the real sections and the section is a section of the section of the section in	ر بين رساه و داده الله و دوست و مين و ساو در دوستو مياه در در دوست و در دوست الله و و دوستو و المياه المياه ا ا	and the second
Unit Letter A: feet from the line and feet from the line				
Section 1	Township 15S Ran	ige 29E	NMPM Chave	s, County
	10. Elevation (Show whether			
		and the same of th		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING
PERFORM REWEDIAE WORK	PLUG AND ABANDON L	KEINEDIAL WOR	ער וצי	ALTERING CASING LI
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST A	ND	
OTHER:		OTHER:		
12. Describe proposed or complet	ted operations. (Clearly state all r	ertinent 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.				
Pulled tubing and packer. Ran tubing string and new AD-1 packer. Set packer at 1781'. Tested to 600#, held. Commenced injection.				
i incu tubing dire packer. Kan tub.	ing string and new AD-1 packer.	set packer at 1761.	rested to 600#, neid	. Commenced injection.
				•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Secretary-Treasurer DATE				
Type or print name / Clay Tipton Telephone No. 505-631-4121				
APPROVED BY Olivy Title DEP Fld 2018 DATE 5-4-08				
APPPROVED BY DATE DATE DATE				
/ <b>/</b>	· /	•		

