Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION	30-005-60468
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. I and Name of Huit Assessed 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.)	7. Lease Name or Unit Agreement Name: Twin Lakes San Andres Unit
1. Type of Well: Oil Well □ Gas Well □ Other INJECTION RECEIVED	
2. Name of Operator OCT 1 4 2005	8. Well No.
Tipton Oil & Gas Acquisitions, Inc.	66
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 1234, Lovington, NM 88260	Twin Lake, San Andres (Assoc)
4. Well Location	
Unit Letter <u>G</u> , 1650 feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line	
Section 1 Township 9S Range 28E	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	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	LLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER: CONVERT TO PRODUCER	الما الما الما الما الما الما الما الما
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. POOH with pkr. and plastic coated tbg.	
2. RIH w/csg. scraper.	
3. RIH with 2 3/8" tbg., pump and rods.	
4. Set pumping unit.	
5. Hang on, space out.	
6. Return to production followed by 24-hr. test.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	
Type or print name Low Clay Tipton Telephone No. 505-631-4121	
(This space for State ase)	
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APPPROVED BY FOR RECORDS ONLY DATE DATE	