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 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240  District II  OH. CONCERNATION DIVISION	30-005-60697
811 South First, Artesia, NM 88210 District III  1220 South St. Francis Dr	5. Indicate Type of Lease
1000 Dio Brazos Pd. Aztec NM 87410	STATE  FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
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: Twin Lakes San Andres Unit
1. Type of Well:	
Oil Well  Gas Well  Other INJECTION	
2. Name of Operator OCT 1 4 2005	8. Well No.
Tipton Oil & Gas Acquisitions, Inc.	48
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 M 570 feet from the South line and 330 feet from the West line	
Section 31 Township 8S Range 29E	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: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR	<u> </u>
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRI	ILLING OPNS. PLUG AND
<u></u>	ABANDONMENT
PULL OR ALTER CASING	ND
OTHER: CONVERT TO PRODUCER	
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.	
<ul><li>Hang on, space out.</li><li>Return to production followed by 24-hr. test.</li></ul>	
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 Sublice Michael TITLE Agent, For Clay Tipton (Sec-Treas.), Principal DATE 10/11/05	
Type or print name Clay Tipton Telephone No. 505-631-4121 (This space for State use)	
APPPROVED BY FOR RECORDS ONLY Conditions of approval, if any:	DAOCT 1 9 2005