| Submit 3 Copies To Appropriate District Office  | State of New Mexico                    |                             | Form C-103   |  |
|---|--|-----------------------------|--|--|
| District 1  | Energy, Minerals and Natural Resources |                             | Revised March 25, 1999 WELL API NO.                              |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  |  |                             | 30-005-60468   |  |
| 811 South First, Artesia, NM 88210  | OIL CONSERVATION DIVISION              |                             | 5. Indicate Type of  | f Lease  |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.             |                             | STATE -  | FEE X  |
| District IV   | Santa Fe, NM 87505                     |                             | 6. State Oil & Ga  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                             | 0. 5   |  |
| 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                                |                             |  |  |
| 2. Name of Operator   |  | RECEIVED                    | 8. Well No.  | A CONTRACTOR OF THE PROPERTY O |
| Tipton Oil & Gas Acquisitions, Inc  | C                                      |                             | 66   |  |
| 3. Address of Operator  | FEB 2 1 2006                           |                             | 9. Pool name or Wildcat  |  |
| P.O. Box 1234, Lovington, NM 8  | 3260                                   | OCU-AMTERIA                 | Twin Lake, San A   | ndres (Assoc)  |
| 4. Well Location  |  |                             |  |  |
| Unit Letter G, 1650 feet from the North line and 2310 feet from the East line   |  |                             |  |  |
| Section 1   | Township 9S                            | Range 28E                   | NMPM Chave   | es, 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                | ≀K □   | ALTERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS                           | COMMENCE DR                 | RILLING OPNS.  | PLUG AND ABANDONMENT   |
| PULL OR ALTER CASING  | MULTIPLE  COMPLETION                   | CASING TEST A<br>CEMENT JOB | 'ND  |  |
| OTHER:  |  | OTHER: CONVI                | ERT TO PRODUCER  | $\mathbf{x}$   |
| 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 POOL with also and also   | 45                                     |                             |  |  |
| <ol> <li>POOH with pkr. and plastic coated tbg.</li> <li>RIH w/csg. scraper.</li> </ol>   |  |                             |  |  |
| 3. RIH with 2 3/8" tbg., pu   | mp and rods.                           |                             |  |  |
| 4. Set pumping unit.  | mp and rous.                           |                             |  |  |
| 5. Hang on, space out.  |  |                             |  |  |
| 6. Convert to production 1/   |  |                             |  |  |
| 24-hr. test 1 BO and 40 I   | 3W                                     |                             |  |  |
| 7.  |  |                             | *  |  |
|   |  |                             |  |  |
|   |  |                             |  |  |
| I hereby certify that the information   | on above is true and secondate t       | - 4114C 11                  | 1. 11 11 0   |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                             |  |  |
| SIGNATURE Olbri MKely TITLE Agent, For Clay Tipton (Sec-Treas.), Principal DATE 2/16/64   |  |                             |  |  |
| Type or print name Clay Tipton Telephone No. 505-631-4121  (This space for State use)   |  |                             |  |  |
| Gerry Guye  |  |                             |  |  |
| APPPROVED BY Conditions of approval, if any:  | my fung                                | •                           | nce Officer  |  |
|   | /                                      |                             |  |  |