

OCD-ARTESIA

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

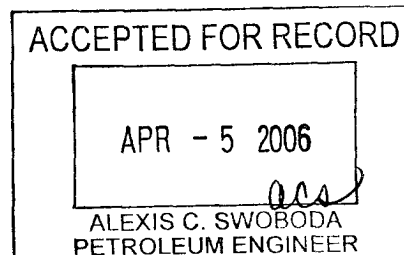
FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No.  NM-46275-94154	
6. If Indian, Allottee or Tribe Name  	
7. If Unit or CA, Agreement Designation  	
8. Well Name and No. Burton Flat 'E' Federal #2	
9. API Well No. 30-015-25063	
10. Field and Pool, or Exploratory Area Avalon Bone Spring East	
11. County or Parish, State Eddy, NM	

SUBMIT IN TRIPLICATE	
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator TIPTON OIL & GAS ACQUISITIONS, INC.	
2. Address P.O. BOX 1234, LOVINGTON, NM 88260	Telephone No. 505-631-4121
3. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 990' FWL, Sec. 1, T21S, R27E	

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input 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 REPAIR	<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.)\*

Well was SI 2/7/06 due to a hole in the tubing. The hole was repaired and the well was returned to production on 3/15/06.



14. I hereby certify that the foregoing is true and correct

Signed Debbie McKelvey Title for Clay Tipton (Principal) by Debbie McKelvey, Agent Date 3/24/06

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title Accepted for record Date \_\_\_\_\_

Conditions of approval, if any: NMOC