

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

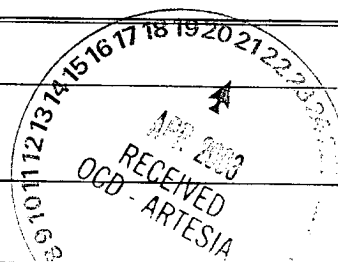
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

5

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No.	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation 14-08-0001-16056	
8. Well Name and No. Double L. Queen Unit #001Y	
9. API Well No. 30-005-60084	
10. Field and Pool, or Exploratory Area Double L. Queen (Assoc)	
11. County or Parish, State Chaves, NM	

SUBMIT IN TRIPLICATE

1. Type of Well Oil <input type="checkbox"/> Gas <input type="checkbox"/> Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator TIPTON OIL & GAS ACQUISITIONS	
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) Unit Letter H Sec. 1, T15S, R29E	



12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>CONVERT INJECTOR TO PRODUCER</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Release tbg. from permanent packer. POOH with tbg. GIH with work string and bailer. Knock packer to bottom of hole. POOH with work string and bailer. Run new rods, pump, and tbg. Set pumping unit and commence production.

Accepted for record - NMOCD

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

Signed Debbie McKelvey Title Clay Tipton (Principal) by Debbie McKelvey, Agent Date 4/17/03
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____