Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-005-60127
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE X FEE
District IV	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	ancis Dr., Santa Fe, NM		6. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement 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.)	CATION FOR PERMIT" (FORM C-101) I	OK SUCH	Double L Queen Unit
1. Type of Well:			
Oil Well Gas Well	☐ X Other	RECEIVED	
2. Name of Operator		UECEIVED	8. Well No.
	Tipton Oil & Gas Acquisitions, Inc.		001
3. Address of Operator		SPIANTESIA	9. Pool name or Wildcat
P.O. Box 1234, Lovington, NM 8	8260	30-211 E31 <b>X</b>	Double L Queen; Assoc.
4. Well Location			
Unit Letter N: 330 feet from the South line and 2310 feet from the West line			
Cint Detter		29	<u>2510</u> 100t 110m tate
Section 25		ange 20E	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 WORK  ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS. PLUG AND
PULL OR ALTER CASING	MULTIPLE .	CASING TEST A	ABANDONMENT
FULL OR ALTER CASING	COMPLETION	CEMENT JOB	
OTHER:		OTUED: Condu	cted Pressure Test
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.			
8/28/04 Conducted MIT. Pressured up 500#, held 30 mins.			
Chart attached.			
	<b>A</b>	• • •	) · ,
Per Ryan Tipton well is Returned to injection.			
TET Myan lipton well is reliabled.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Silvie To Kelvy TITLE Agent, For Ryan Tipton (President), Principal DATE 9/22/04			
SIGNATURE Silvi M Keling TITLE Agent, For Ryan Tipton (President), Principal DATE 9/22/04			
Type or print name for Ryan Tipton Assessment Telephone No., 505-631-1132 Assessment Telephone No., 505-631-1132			
APPPROVED BY DATE DATE			
APPPROVED BY TITLE DATE			
Conditions of approval, if any:			
/			

