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.		
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-01190		
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE D		
1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & G	ias 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				7. Lease Name or Unit Agreement Name:		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Artesia Metex Unit		
PROPOSALS.)						
1. Type of Well: Oil Well X Gas Well						-
	Other	Mouth - 16 7001	<del>\</del>	0 117 11 17		
2. Name of Operator		Month - Year MA		8. Well No.		
Tipton Oil & Gas Acquisitions, Inc.		MER 1 6 CAR	Files	9. Pool name or V	17:1 J 4	***************************************
3. Address of Operator	to the same that	ARTEU				
P.O. Box 1234, Lovington, NM 882	60	FEB AFTESIA	/	Artesia; Queen Gl	B San Andres	
4. Well Location	mannal-4-shash-inna raman arabadah 4min wakakakakakakakakaka		····			
Unit Letter <u>I</u> 1650	feet from the South line	and 330 feet from	m the Ea	st line		
Section 26	Township 18S	Range	27E	NMPM Eddy	County	
	10. Elevation (Show whe				County	
				<u></u>		
11 Check Ar	propriate Box to Indic	ote Nature of	Notice	Penart or Other	Doto	
		ale Nature or		SEQUENT RE		
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR					ALTERING CAS	ING 🖂
TEM ONWINEMEDIAL WORK	1 LOO AND ADANDON L	_   INLINICO	IAL WOL	لحسا	ALI LIMITO OAO	
TEMPORARILY ABANDON	CHANGE PLANS		OMMENCE DRILLING OPNS. DPLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE [	☐ CASING	TEST A			
	COMPLETION	CEMEN	T JOB	لــا		
OTHER:	r	7 07450	Dotum	n to Production		₩.
	1 (C) 1					X
<ol> <li>Describe proposed or complete of starting any proposed work). or recompilation.</li> </ol>						
1/9/2007 Returned to production. 24	4-hr. test: .5 BO & 1 BW					
	<del></del>					
I hereby certify that the information	above is true and complete	to the best of my	/ knowled	dge and belief.		
SIGNATURE Ly	TITLE CI	ay Tipton (Sec-T	reas.)	DATE_ <u>1/31/07</u> _		
Type or print name Clay Tip	ton Telephone No	505-631-4121				
(This space for State use)						
APPPROVED BY Accepted	for record - NMOCD TI	TLE			DATE 7/19	,/07
Conditions of approval, if any:	- 1111000					/