Form 3160-5 (June 1990) FEB 1 6 2007 OCD ARTESA IM

OCD-ARTESIA

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No. STATE LEASE

6. If Indian, Allottee or Tribe Name

FREDERICK WRIGHT PETROLEUM ENGINEER

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry

SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation NMNM71003X 8. Well Name and No. NMNM71003X 8. Well Name and No. Northeast Square Lake #9 9. API Well No. 30.0-15.0-4846 10. Field and Fool, or Exploratory Area Northeast Square Lake #9 9. API Well No. 30.0-15.0-4846 10. Field and Fool, or Exploratory Area Northeast Square Lake 7. If Unit or CA, Agreement Designation Northeast Square Lake #9 9. API Well No. 30.0-15.0-4846 10. Field and Fool, or Exploratory Area Northeast Square Lake 11. County or Parish, State Eddy, NM Sec. 11. T 165, R31E Eddy, NM Sec. 13. T 165, R31E Eddy, NM Sec. 14. T 165, R31E Eddy, NM Sec. 15. T 165, R31E Eddy, NM Sec. 16. T 16.	to a different reservoir. Use 'APPLICA' for such proposals					
NMNM71003X NMN					If Unit or CA, Agreement Designation	
Solid Gas Well Other Solid Well Other Solid Well Other Solid S					MNM71003X	
Northeast Square Lake #9 TIPTON OIL & GAS ACQUISITIONS 2. Address P.O. BOX 1234, LOVINGTON, NM 88260 3. Location of Well (Pootage, Sec., T.R., M., or Survey Description) 3. Location of Well (Pootage, Sec., T.R., M., or Survey Description) Sec. 11, T16S, R31E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Subsequent Report Abandonment Abandonment Recompletion Plugging Back Casing Repair Altering Casing Altering Casing Altering Casing Altering Casing Altering Casing Altering Casing Approved by Test Education of State of True and correct Signed Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of Part Casing Casing Clay Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of Part Casing Clay Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of Part Casing Clay Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of Part Casing Clay Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State office use) Title Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Casing Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of State Conference Clay Tipton (Principal) by Debbit Mockate Test Indicate Casing Chapton of Casing Casing Chapton of	Oil Gas					
TIPTON OIL & GAS ACQUISITIONS 2. Address P.O. BOX 1234, LOVINGTON, NM 88260 3. Location of Well (Footage, Sec., T.R.,M., or Survey Description) 3. Location of Well (Footage, Sec., T.R.,M., or Survey Description) 4. County or Parish, State Eddy, NM 5. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 7. Notice of Intent 8. Notice of Intent 9. APPROVALE OF SUBMISSION 7. Notice of Intent 9. APPROVALE OF SUBMISSION 7. APPROVALE OF SUBMISSION 7. APPROVALE OF SUBMISSION 8. Notice of Intent 9. APPROVALE OF SUBMISSION 7. APPROVALE OF SUBMISSION 8. Notice of Intent 9. APPROVALE OF SUBMISSION 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient dates, including estimated date of starting any proposed work. It well and directionally drilled, give subarrace locations and measured and rue vertical depths for all markers and zones pertinent to this work.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient dates, including estimated date of starting any proposed work. It well as directionally drilled, give subarrace locations and measured and rue vertical depths for all markers and zones pertinent to this work.) 14. Ihereby certify that the foregoing is true and correct Signed 14. Ihereby certify that the foregoing is true and correct Signed 15. Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert State Clay Tipton (Principal) by Debbid Mocket Pay Fartin Dake Expert S	Well Other					
2. Address P.O. BOX 1234, LOVINGTON, NM 88260 3. Location of Well (Footage, Sec., T.R.,M., or Survey Description) 3. Location of Well (Footage, Sec., T.R.,M., or Survey Description) Sec. 11, T16S, R31E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Abandonment Recompletion Plugging Back Casing Repair Altering Casing Conversion to highciton Dispose Water (Now Report restate of malige generals of generals generals of malige generals of generals generals generals of generals generals of generals generals generals generals of generals						
P.O. BOX 1234, LOVINGTON, NM 88260 3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 11. County or Parish, State 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 13. Notice of Intent 14. Describe Proposed or Completed Operations (Clearly state all preintent details, and give pertient dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and rue vertical depths for all markers and zones pertinent to this work.)* 13. Describe Proposed or Completed Operations (Clearly state all preintent details, and give pertient dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and rue vertical depths for all markers and zones pertinent to this work.)* 14. Thereby certify that the foregoing is true and correct Signed 15. Describe Proposed or Completed Operations (Clearly state all preintent details, and give pertient dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and rue vertical depths for all markers and zones pertinent to this work.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.	. HPTON OIL & GAS ACQUISITIONS				API Well No.	
3. Location of Well (Footage, Sec., T.R.M., or Survey Description) 660' FNL & 660' FWL Sec. 11, T16S, R31E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Recompletion Plugging Back Casing Repair Altering Casing Final Abandonment Notice Tile Understand depths for all markers and zones pertinent to this work.)* APPROVAL BY OCD TO TA EXPIRES 27/107. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.						
11. County or Parish, State Eddy, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Notice of Intent Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other REQUEST TA EXTENSION 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertined 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.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.						
Sec. 11, T16S, R31E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Abandonment Recompletion Plugging Back Casing Repair Altering Casing Altering Casing Altering Casing Conversion to Injection Dispose Water Notice of Completed Operations (Clearly state all pertinent details, and give pertient dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and trav vertical depths for all markers and zones pertinent to this work.) APPROVAL BY OCD TO TA EXPIRES 21/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.	3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)			L	•	
Sec. 11, T16S, R31E 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Recompletion Plugging Back Cassing Repair Altering Casing Altering Casing Altering Casing Altering Casing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion of 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.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.	660' FNL & 660' FWL				·	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Abandonment Recompletion Recompletion Recompletion Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of mulpile completion on Well Completion or Recompletion (Poter Report results of mulpile completion on Well Completion or Recompletion (Poter Report results of mulpile completion or Recompletion for mulpile completion for mulpile completion or Recompletion (Poter Report results of mulpile completion or Recompletion Report and United Stating any proposed work. If well is directionally drilled, give aubsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.	Sec. 11 T16S P31E				ddy, NM	
TYPE OF SUBMISSION Abandonment Recompletion						
Notice of Intent Subsequent Report Recompletion Plugging Back Casing Repair Altering Casing Water Shut-Off Conversion to Injection Dispose Water Conversion or Recompletion on Well Completion or Recompletion Proposed work. 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient dates, including estimated date of starting any proposed work. 14. I hereby Completion or Recompletion Report and Log from						
Notice of Intent Subsequent Report Recompletion Plugging Back Casing Repair Altering Casing Water Shut-Off Conversion to Injection Dispose Water Conversion or Recompletion on Well Completion or Recompletion Proposed work. 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient dates, including estimated date of starting any proposed work. 14. I hereby Completion or Recompletion Report and Log from	V					
Subsequent Report Final Abandonment Notice Casing Repair Altering Casing Other REOUEST TA EXTENSION Other REOUEST TA EXTENSION Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose water (Note: Report results of multiple completion on Well Conversion on Recompletion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient 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.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED. 14. Hereby certify that the foregoing is true and correct Signed Mater Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Conversion to Injection Dispose water (Note: Report results of multiple completion on Well Conversion to Injection Dispose water (Note: Report results of multiple completion on Well Conversion to Injection Dispose water (Note: Report report on Herein Report and Log form.) Take The Report Report Report and Log form. Water Shut-Off Conversion to Injection Dispose water (Note: Report Report and Log form.) Water Shut-Off Conversion to Injection Dispose water (Note: Report Report and Log form.) Water Shut-Off Conversion to Injection Dispose water (Note: Report Report and Log form.) Water Shut-Off Conversion to Injection Report and Log form. Conversion to Injection Proposed work. The Clay Tipton (Principal) by Debbie McKetPey Fix End Report Report and Log form. Conversion to Injection Report and Log form. Water Shut-Off Conversion Report Proposed work. The Clay Tipton (Principal) by Debbie McKetPey Fix End Report Proposed work.	Notice of Intent	l 1				
Final Abandonment Notice Altering Casing Other REQUEST TA EXTENSION Other Requested of Multiple completion on Well Comp	Subsequent Report					
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertient 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.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.		Altering Casing			Conversion to Injection	
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.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED. ACCORDAGE TO TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED.	Final Abandonment Notice	X Other	REQUEST TA EXTENSION	(1)	lote: Report results of multiple completion on Well	
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* APPROVAL BY OCD TO TA EXPIRES 2/1/07. REQUEST PERMISSION TO EXTEND TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED. 14. I hereby certify that the foregoing is true and correct Signed Allow More Title Clay Tipton (Principal) by Debbic More Tested Bare Clay Title Clay Tipton (Principal) by Debbic More Tested Bare Clay Title Date Date Date				C	ompletion or Recompletion Report and Log form.)	
TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED. 14. I hereby certify that the foregoing is true and correct Signed	, , , , , , , , , , , , , , , , , , ,					
TA STATUS FOR FUTURE EVALUATION. 2/5/2007 TESTED CASING TO 500 PSI FOR 30 MIN. OKAY. CHART ATTACHED. 14. I hereby certify that the foregoing is true and correct Signed	APPROVAL BY OCD TO TA FYPIRI	ES 2/1/07 R	FOLIEST PERMISSION	TO EXTEN	JD.	
Accepted for record NMOCD 7. 14. I hereby certify that the foregoing is true and correct Signed						
Accepted for record NMOCD 7. 14. I hereby certify that the foregoing is true and correct Signed	2/5/2007 TESTED CASDIC TO 500 DSL FOR 20 MDL OKAN, SWART ATTA CAND					
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie McKetvev FAgetto Bake E 278707 (This space for Federal or State office use) Approved by Title	2/3/2007 TESTED CASING TO 300 PSI FOR 30 MIN. UKAY. CHART ATTACHED.					
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie Moketvey FARETO Bake C28707 (This space for Federal or State office use) Approved by Title						
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie Moketvey FARETO Bake C28707 (This space for Federal or State office use) Approved by Title						
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie Moketvey FARETO Bake C28707 (This space for Federal or State office use) Approved by Title						
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie Moketvey FARETO Bake C28707 (This space for Federal or State office use) Approved by Title			· · · · · · · · · · · · · · · · · · ·			
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie Moketvey FARETO Bake C28707 (This space for Federal or State office use) Approved by Title		Accepte	d for record			
14. I hereby certify that the foregoing is true and correct Signed Dellac Title Clay Tipton (Principal) by Debbie McKetvev FAgetto Bake E 278707 (This space for Federal or State office use) Approved by Title		N	Moco 10.			
Signed Dellrie Moketvev FARETTO Bake E 278707 (This space for Federal or State office use) Title Clay Tipton (Principal) by Debbie Moketvev FARETTO Bake E 278707 Approved by Title Date			/			
Signed Dellrie Moketvev FARETTO Bake E 278707 (This space for Federal or State office use) Title Clay Tipton (Principal) by Debbie Moketvev FARETTO Bake E 278707 Approved by Title Date						
Signed Dellric Moketvev FAgeTO Bake C28707 (This space for Federal or State office use) Title Clay Tipton (Principal) by Debbie Moketvev FAgeTO Bake C28707 Approved by Title Date						
Approved by Title Date	14. I hereby certify that the foregoing is true and correct				TO DECODE	
Approved by Title Date		Title <u>Cla</u>	y Tipton (Principal) by	Debbie M	CKETYETEREFIONS LE 12/8/07	
	, , ,					
	Approved by Conditions of approval, if any:	Title				

