Description	Submit 3 Copies To Appropriate District Office	State of N	State of New Mexico			Form C-103		
DATE CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 Strancis Dr. Strancis		Energy, Minerals and Natural Resources						
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SUNDRY NOTICES AND REPORTS ON WELLS OD NOT USE THIS FORM FOR PROPOSALS TO DRILLO RETORED FOR PILIG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR FERMIT" (FORM C-101) FOR SUCH PROPOSALS. 1. Type of Well: Oil Well: Oil Well: Saw Seel: Name of Operator NAME - 8-7004 New Flore Sax Acquisitions, Inc. OO3. 3. Address of Operator OCD-ARTESIA P. Double L Queen Unit Note of Operator OCD-ARTESIA P. Double L Queen, Assoc. Unit Letter: C: feet from the line and feet from the line and feet from the line Section 25 Township 14S Range 29E 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: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING LABANDON ABANDON			o. State Off & O	as Lease No.				
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PROFOSALS) 1. Type of Well: Oil Well								
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2. Name of Operator Tipton Oil & Gas Acquisitions, Inc. 3. Address of Operator OCD-ARTESIA 9. Pool name or Wildcat Double L Queen; Assoc. 4. Well Location Unit Letter C : feet from the line and feet from the line Section 25 Township 14S Range 29E 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: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: CONVERT INJECTOR TO PRODUCER OTHER: OTHER: CONVERT INJECTOR TO PRODUCER OTHER: OTHER: CONVERT INJECTOR TO PRODUCER OTHER: OTHER: CONVERT INJECTOR TO PRODUCER OTHER: OTHER: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE OLD TIPLE OLD TIPLE OLD TIPLE OLD TIPLE Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE OLD TIPLE OLD TIPLE OLD TIPLE OLD TIPLE Type or print name OLD TIPLE OLD TIPLE OLD TIPLE OLD TIPLE Type or print name OLD TIPLE OLD TIPLE OLD TIPLE Type or print name OLD TIPLE OLD TIPLE OLD TIPLE Tiple or print name OLD TIPLE OLD TIPLE OLD TIPLE Tiple or print name OLD TIPLE OLD TIPLE TIPLE OLD TIPLE OLD TIPLE Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief.								
Tipton Oil & Gas Acquisitions, Inc. 3. Address of Operator OCD-ARTESIA 9. Pool name or Wildcat P.O. Box 1234, Lovington, NM 88260 4. Well Location Unit Letter C feet from the line and feet from the Section 25 Township 14S Range 29E 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: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB CEMENT JOB 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. Release tig. from permanent packer. POOH with tig. GIH with work string and bailer. Knock packer to bottom of hole. POOH with work string and bailer. Run new rods, pump, and tig. Set pumping unit and commence production. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE AULT: Type or print name ACLay Tipton Telephone No. 505-631-4121 Title TITLE ALAD APPPROVED BY TITLE TITLE DATE DATE ALAD AND APPPROVED BY TITLE DATE Type or print name DATE DATE Type or print name Total Run Person Total Run Person Title DATE Title DATE Type or print name DATE DATE Type or print name Total Run Person Title Title Title DATE Title Title DATE DATE DATE DATE DATE DATE DATE DATE DATE Type or print name		X Other	☐ X Other RECEIVED					
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