

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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

5. Lease Designation and Serial No.

NM 17114

6. If Indian, Allottee or Tribe Name

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

RECEIVED

SUBMIT IN TRIPLICATE

MAR 28 2004

OCD-ARTESIA

1. Type of Well
Oil Well Gas Well Other INJECTION

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 F
Sec. 18, T15S, R30E

7. If Unit or CA, Agreement Designation

14-08-0001-16056

8. Well Name and No.

Double L Queen Unit #009Q

9. API Well No.

30-005-20395

10. Field and Pool, or Exploratory Area
Double L; Queen (Assoc)

11. County or Parish, State

Chaves, NM

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

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

Signed

Daphne M. Kelly, Asst

Title

for SECRETARY TREASURER

Date 2/26/04

(This space for Federal or State office use)

Approved by

[Signature]

Title

PE

Date

2/18/04

Conditions of approval, if any: