

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-005-61075  
5. Indicate Type of Lease  
STATE ☐ FEE ☒  
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(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.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

RECEIVED

2. Name of Operator

Tipton Oil & Gas Acquisitions, Inc.

FEB 21 2006

3. Address of Operator

P.O. Box 1234, Lovington, NM 88260

OLD ANTELOPE

7. Lease Name or Unit Agreement Name:

Twin Lakes San Andres Unit

8. Well No.

103

9. Pool name or Wildcat

Twin Lake, San Andres (Assoc)

4. Well Location

Unit Letter G 1650 feet from the North line and 2310 feet from the East line

Section 7 Township 9S 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 ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. POOH with pkr. and plastic coated tbg.
2. RIH with new plastic coated 2 3/8" tbg. and new packer.
3. Return to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dublin M Kelly TITLE Agent, For Clay Tipton (Sec-Treas.), Principal DATE 2/16/06

Type or print name for Clay Tipton Telephone No. 505-631-4121

(This space for State use)

APPROVED BY Accepted for record - NMOCD TITLE for DATE

Conditions of approval, if any: