| Submit 3 Copies To Appropriate District Office State of New M   |  |
|---|--|
| District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Nat   | WELL API NO.                           |
| District II OIL CONSERVATION  | 20.25.26070                            |
| 811 South First, Artesia, NM 88210 OIL CONSERVATIO.  District III 1220 South St. Fra  | 5. Indicate Type of Lease              |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8   | I STATE IXI FEE LI I                   |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505   | 6. State Oil & Gas Lease No. L-258     |
| SUNDRY NOTICES AND REPORTS ON WELL  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) PROPOSALS.)  1. Type of Well:   |  |
| Oil Well Gas Well Other   |  |
| 2. Name of Operator   | 8. Well No.                            |
| Tipton Oil & Gas Acquisitions, Inc.   | 2                                      |
| 3. Address of Operator  | 9. Pool name or Wildcat                |
| P.O. Box 1234, Lovington, NM 88260  | Tulk Penn                              |
| 4. Well Location  |  |
| Unit Letter I: 1980 feet from the South line and 660 feet from the East line  |  |
| Section 34 Township 14S Range 32E NMPM Lea 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: SUBSEQUENT REPORT OF:   |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON   | REMEDIAL WORK ☐ ALTERING CASING ☐      |
| TEMPORARILY ABANDON   | COMMENCE DRILLING OPNS. PLUG AND       |
| PULL OR ALTER CASING  | CASING TEST AND ABANDONMENT CEMENT JOB |
| OTHER:  | OTHER: RETURN TO PRODUCTION            |
| 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. |  |
| Well returned to production 10/5/06.  |  |
| 24-hr. test 1 BO 1 BW   |  |
| ZT-III. COST I DO I DW  | me .                                   |
| $\overline{-12.9}$  |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |
| SIGNATURE Debu M Kelvez TITLE Agent for Clay Tipton DATE 10/23/06   |  |
| Type or print name Debbie McKelvey Telephone No. 505-392-3575   |  |
| (This space for State use)  OC FIELD REPRESENTATIVE II/STAFF MANAGER  DATE DEC. O. T. 000   |  |
| APPPROVED BY LOW WIND TITLE DATE DEC 2 7 200 Conditions of approval, if any   |  |
| Sec. 2. 7 2006  |  |