

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

MAY 11 2011

WELL API NO. 30-025-20571
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ainsworth
8. Well Number 1
9. OGRID Number 23183
10. Pool name or Wildcat Flying M ABO

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 ☐

2. Name of Operator
Tipton Denton & Denton

3. Address of Operator
c/o Oil Reports & Gas Services, Inc. 1008 W. Broadway, Hobbs, NM 88240

4. Well Location
Unit Letter F : 2030 feet from the North line and 1980 feet from the West line
Section 23 Township 9S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/15/11 RU, RIH, pull rods & tbg, perf'd 8800' w/2 shots per feet, load hole w/750 gal 2% acid.
4/22/11 Acdz new perf's w/17,500 gal 20% acid.
4/24/11 Put well back on pump, test 33 BO, 30 BW, & 43MCF

Spud Date:

Rig Release Date:

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

SIGNATURE Kay Maxwell TITLE Agent DATE 5/9/11

Type or print name Kay Maxwell E-mail address: nkmax@oilreportsinc.com PHONE: 575-393-2727

For State Use Only

APPROVED BY: [Signature] TITLE STATE AGENT DATE 5-12-2011
Conditions of Approval (if any):