State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980 Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210

WELL API NO. 2040 Pacheco St. 30-025-30966 Santa Fe, NM 87505 sIndicate Type of Lease

36E

NMPM

FEEX STATE DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" West Lovington Unit 40990 (FORM C-101) FOR SUCH PROPOSALS.) Type of Well WELL X WELL OTHER 2Name of Operator Titan Resources I, Inc. «Well No. 74 3Address of Operator Pool name or Wildcat 500 W. Texas, Ste. 200, Midland, TX 79701 Lovington, Upper San Andres, West 4Well Location 180 south 2625 Unit Letter Feet From The Line and east Feet From The __ Line

Range

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|--|--|--------|-----------------------------|-----------------------|
| 11 CI | neck Appropriate Box to Indic | ate Na | ature 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 | CHANGE PLANS | | COMMENCE DRILLING OPNS. | PLUG AND ANBANDONMENT |
| PULL OR ALTER CASING | | | CASING TEST AND CEMENT JOB | |
| OTHER: | | | OTHER: TA SI pressure chart | |

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

17S

10 Elevation (Show whether DF, RKB, RT, GR, etc.)

8-5/8" 24# @ 363' 5-1/2" 15.5# @ 5212' perfs: 4724' - 5110' Initial pressure: 520 psi 15 min: 520 psi 30 min: 520 psi

Section

TA'd 4/24/98. Maintain current status to accommodate possible CO2 tertiary recovery.

4

Township

Subsequent report of TA filed 1/17/2000.

2-18-2005

Lea

County

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
|--|----------------------------|
| SIGNATURE AUTA CAPPER TITLE Regulatory Analyst | DATE 02-04-00 |
| TYPE OR PRINT NAME Laura Clepper | TELEPHONE NO. 915/498-8662 |
| (This space for State Use) | |
| TOTALL SIGNAL SIGNATURE | |

APPROVED BY والمستركب والمتبادية والمستركر والمستركر

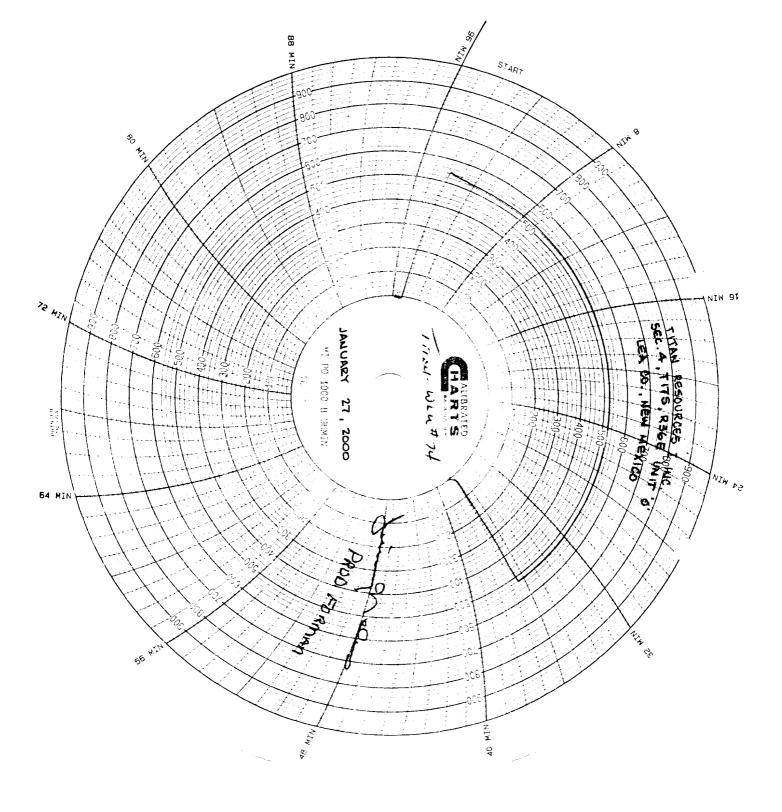
TITLE

DATE

JC-GN

CONDITIONS OF APPROVAL, IF ANY





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