Submit 3 Copies to Appropriate District Office

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

2040 Pacheco St.

WELL API NO. 30-015-26905		
sIndicate Type of Lease		
	STATE	FEE X
₅State Oil & Gas Lease N	lo.	

DISTRICT II		58	anta Fe, Niv	/I 8	7505	00 010 20000			
P.O. Drawer DD, Artesia, NM 882	210					sIndicate Type of Le		~	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410					₅State Oil & Gas Le	STATEasse No.	FEE	
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.)					7-Lease Name or Unit Agreement Name Nymeyer "A"				
	/ELL	·	OTHER TA N	ever	produced				
Titan Resources I, Inc.						₅Well No. 3			
3Address of Operator 500 West Texas, Suite 500, Midland, Texas 79701						∍Pool name or Wildcat East Loving Delaware			
₄Well Location Unit LetterK :	21 <u>30</u>	eet From The	South		Line and 1980	Feet From The	West	Line	
Section	15	Township	238		Range 28E	NMPM	Eddy	County	
			(Show whether 11; GR 2999	DF,	RKB, RT, GR, etc.)				
				Na	ature of Notice, Rep	oort, or Other I	Data		
NOTICE OF INTENTION TO: SUBS					SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	 :	PLUG AND AB	ANDON)	X	REMEDIAL WORK		ALTERING CASIN	iG _	
TEMPORARILY ABANDON	. —	CHANGE PLAN	18		COMMENCE DRILLING OF	PNS	PLUG AND ANBAN	IDONMENT	
PULL OR ALTER CASING	1 · · · · · · · · · · · · · · · · · · ·				CASING TEST AND CEME	NT JOB			
OTHER:	· ·			 	OTHER:				
 Describe Proposed or Completer work) SEE RULE 1103. Set CIBP @ 6106', cap Spot 25 sx cmt. plug 38 Spot 25 sx cmt. plug 26 Spot 25 sx cmt. plug 605 Spot 25 sx cmt. plug @ 605 Spot 25 sx cmt. plug @ 6 Install dry hole marker at Clean location, backfill of Clean location & road in (505) 745-3343. NOTE: Mud laden fluid bet 	w/35' cmt. 154' - 3754' 120' - 2520'. 5' - 505'.	口名の, ad w/specific dire est of farmer, Mi	ections to we	llboi	re.	imated date of starting			
							JAN 1990 RECEIVED OCD - ARTESIA		
I hereby certify that the information SIGNATURE	1 above is true	and complete to the	best of my know						
	_ ~~_	Coppe		TITL	Regulatory Analyst		DATE 01-28-98	8	
TYPE OR PRINT NAME							TELEPHONE NO.		

(This space for State Use) APPROVED BY TOUR TITLE Field Pep. II DATE 2-12-98 CONDITIONS OF APPROVAL, IF ANY: