

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-00409
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Taylor
Well No. 1
Pool name or Wildcat Grayburg Jackson 7RVS-Qn-GB

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Titan Resources I, Inc.	
Address of Operator 500 West Texas, Ste. 500, Midland, Texas 79701	
Well Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>16S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4164 GR	

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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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

1. MIRU PU. POOH w/rods and pump. ND wellhead, NU BOP, POOH w/tbg.
2. RIH w/3 7/8" bit, csg. scraper, and tbg. CO to below perms. POOH w/tbg., csg. scraper & bit.
3. RIH w/pkr. & tbg. Set pkr. @ 3500'. Load annulus and pressure backside to 500 psi.
4. Frac per attached frac recommendation.
5. Return to production.

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

SIGNATURE

Brenda Coffman

TITLE Regulatory Analyst

DATE 11-18-19

TYPE OR PRINT NAME Brenda Coffman

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: