

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. 30-025-03780	
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>	
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name Lovington Paddock Unit	
Well No. 14	
Pool name or Wildcat Lovington Paddock	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER water injection <input type="checkbox"/>	
Name of Operator Titan Resources I, Inc.	
Address of Operator 500 W. Texas, Suite 200, Midland, TX 79701	
Well Location Unit Letter B : 990 Feet From The north Line and 1741 Feet From The east Line Section 36 Township 16S Range 36E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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.

3/1/00 - Pressured casing to 500#, bled 8 5/8" X 5 1/2" casing annulus from 350# to 0#; tied onto 8 5/8" X 5 1/2" annulus & pumped 30 bbls fresh water pad @ 2 bpm & 1950 psi PP; mixed & pumped 500 sx Class C Neat cement @ air of 2 bpm @ 1215#. Flushed w/ 1.7 bbls fresh water; calc TOC between 8 5/8" & 5 1/2" casing strings at 50' from surface. Left 300 sx cmt on 8 5/8" casing & 200 sx in formation.

ND wellhead; release packer. NU BOP. Resume injection.

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

SIGNATURE Laura Clepper TITLE Regulatory Analyst

DATE 03-16-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. 915/498-8662

(This space for State Use)

ORIGINAL SIGNED BY

GARY WINK

TITLE

APPROVED BY

DATE

CONDITIONS OF APPROVAL, IF ANY: