APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT I WELL API NO P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-025-03793 Santa Fe. NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE «State Oil & Gas Lease No DISTRICT III 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 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Lovington Paddock Unit (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL **OTHER** injection WELL WELL «Well No. Name of Operator 29 Titan Resources I, Inc. Pool name or Wildcat 3Address of Operator Lovington Paddock 40660 500 W. Texas, Ste. 200, Midland, TX 79701 ₄Well Location south 2310 Line and Feet From The Line Feet From The **Unit Letter** Lea County 36E **16S** NMPM Township 36 Section 10 Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ANBANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: () OTHER: 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. 12/30/94 Packer @ 5976' OH perfs 6058' - 6070' Initial pressure: 520 psi 15 min: 512 psi 30 min: 505 psi TITAN RESOURCES I, INC., ASSUMED OPERATORSHIP OF THIS WELL EFFECTIVE 12/17/97. REPORTS OF ITS HAVING BEEN TEMPORARILY ABANDONED HAVE BEEN GREATLY EXAGGERATED. A TYPOGRAPHIC ERROR OR AN ERRONEOUS CODE MUST HAVE BEEN INADVERTENTLY SUBMITTED TO LEAD TO ITS HAVING BEEN TA'D, AS THIS FILE CONTAINS NO DOCUMENTATION OF THE LPU #29 HAVING EVER BEEN TEMPORARILY ABANDONED. PLEASE ACCEPT THIS REPORT AS EVIDENCE OF ITS ONGOING ACTIVITY AS AN INJECTION WELL. I hereby certify that the information above is true and complete to the best of my knowledge and belief DATE 01-17-00 TITLE Regulatory Analyst SIGNATURE TELEPHONE NO. 915/498-8662 TYPE OR PRINT NAME Laura Clepper (This space for State Use) JAN 26 2000

TITLE



