

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

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|--|
| WELL API NO.<br>30-025-31365   |
| Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| State Oil & Gas Lease No.  |
| Lease Name or Unit Agreement Name<br>Lovington San Andres Unit                                   |
| Well No.<br>71   |
| Pool name or Wildcat<br>Lovington Grayburg San Andres 40580                                      |

**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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER   |
| Name of Operator<br>Titan Resources I, Inc.   |
| Address of Operator<br>500 W. Texas, Suite 200, Midland, Tx 79701   |
| Well Location<br>Unit Letter <u>J</u> : <u>1362</u> Feet From The <u>south</u> Line and <u>1425</u> Feet From The <u>east</u> Line<br>Section <u>31</u> Township <u>16S</u> Range <u>37E</u> NMPM <u>Lea</u> County |
| Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3814' 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.

Pull tubing and pump.  
Run in hole with replacement pump, tubing.  
Return to production.

Work is expected to begin around Feb. 20 and be completed within a week.

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 02-14-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. 915/498-8662

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY