

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 03846
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	Lease Name or Unit Agreement Name Lovington Paddock Unit
Name of Operator Titan Resources I, Inc.	
Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701	Well No. 66
Well Location Unit Letter I : 2080 Feet From The south Line and 660 Feet From The east Line Section 1 Township 17S Range 36E NMPM LEA County	Pool name or Wildcat Lovington Paddock 40660
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.

- 2000' PERF + SQZ 50' INT + DUT 9.5 BRINE W/ 25 POUNDS OF GEL PER BBL.  
1) MIRU  
2) TIH w/ open ended tubing to 2000'. Load hole w/ 0-ppg mud laden fluid. Spot 25 sx Class C Neat.  
3) WOC. Tag plug.  
4) ~~Spot 25 sx Class C Neat @ 1000'~~  
5) Spot 25 sx Class C Neat @ 450'.  
6) Spot 10 sx Class C Neat @ surface.  
7) Cut off wellhead, weld on plate, install dry hole marker.

Work is expected to be completed by the end of April, 2000.

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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 03-06-00

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:

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