Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

DATE \_\_

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St 30-025-03848 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease FEE STATE DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS The AV A (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 GAS WELL OTHER water injection 2Name of Operator «Well No. Titan Resources I. Inc. 45 3Address of Operator ∍Pool name or Wildcat 500 W. Texas, Suite 200, Midland, Tx 79701 Lovington Paddock 40660 4Well Location 660 **NORTH** 330 Unit Letter Feet From The EAST Line and Feet From The Line Section 17s 36E Township Range LEA NMPM County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB 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. Pull tubing and pump. Run in hole (hydrotesting tubing to 6000#) with pkr, tubing. Set pkr @ 6040' & charted csg to 540#, tested for 30 min. Bill Richard from NMOCD present during test 2/26/2000. Replaced well assembly, resumed injection 2/19/2000 TD 6412' O.H. 6111'-6412' 8-5/8" 28# @ 2053' 5-1/2" 15.5# @ 6111' Initial pressure: 540 psi 15 min: 535 psi 30 min: 530 psi I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Analyst DATE 02-25-00 TYPE OR PRINT NAME Laura Clepper TELEPHONE NO. 915/498-8662

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(This space for State Use)

CONDITIONS OF APPROVAL IF ANY: -

APPROVED BY

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