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

Form C-103 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	CONSERVATION DIVIS 2040 Pacheco St. Santa Fe, NM 87505	30-025-0	3871
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE " (FORM C-101) FOR SU	DRILL OR TO DEEPEN OR PLUG BA 'APPLICATION FOR PERMIT"	/Lease Haine	e or Unit Agreement Name VINGTON UNIT
Type of Well:	OTHER INJECTION WELL (TA		
2Name of Operator TITAN RESOURCES I, INC.		₅Well No.	
sAddress of Operator 500 W. TEXAS, STE 200; MIDLAND, TEXAS 79	9701	₅Pool name o	or Wildcat DN, UPPER SAN ANDRES, WEST
•Well Location  Unit Letter B : 660 Feet From The	N Line and	1980 Feet Fro	m The E Line
AC -/ N // 17	o 17S Range Revation (Show whether DF, RKB, RT, GR, e	36E NMPM	LEA County
	Box to Indicate Nature of No	tice, Report, or Of	ther Data
NOTICE OF INTENTION	i	-	T REPORT OF:
ERFORM REMEDIAL WORK PLUG A	AND ABANDON REMEDIAL W	ı	ALTERING CASING
EMPORARILY ABANDON CHANG	GE PLANS COMMENCE	DRILLING OPNS.	PLUG AND ANBANDONMENT
ULL OR ALTER CASING	CASING TES		
	I ONOMO TES	FAND CEMENT JOB	†
THER:  Describe Proposed or Completed Operations (Clearly state work) SEE RULE 1103.	OTHER: PF	ESSURE TEST T	<u> </u>
Describe Proposed or Completed Operations (Clearly state	all pertinent details, and give pertinent dates	RESSURE TEST To	· · · · · · · · · · · · · · · · · · ·
Describe Proposed or Completed Operations (Clearly state work) SEE RULE 1103.	OTHER: PF all pertinent details, and give pertinent dates  NT ON TOP	RESSURE TEST To	starting any proposed
Poscribe Proposed or Completed Operations (Clearly state work) SEE RULE 1103.  TESTED ON 10-21-99  HELD 540 PSI FOR 30 MIN.  CIBP 4500' - 40' CEME  TOP OF OH 4740'	OTHER: PF all pertinent details, and give pertinent dates  NT ON TOP	RESSURE TEST To	starting any proposed
Type or Print Name HAYLIE URIAS	OTHER: PF all pertinent details, and give pertinent dates  NT ON TOP  This Agantaia  Control  Title OPERAT	RESSURE TEST To	11-19-2004
I hereby certify that the information above is true and completed Signature	OTHER: PF all pertinent details, and give pertinent dates  NT ON TOP  This Aspended  Carrier of the best of my knowledge and belief.  TITLE OPERAT	RESSURE TEST To	11-19-2004 DATE 11-03-99



