

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. 30-025-05426
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

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.)	
1 Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER injection	7 Lease Name or Unit Agreement Name Lovington Paddock Unit
2 Name of Operator Titan Resources I, Inc.	8 Well No. 51
3 Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701	9 Pool name or Wildcat Lovington Paddock 40660
4 Well Location Unit Letter <u>C</u> : <u>480</u> Feet From The <u>north</u> Line and <u>3540</u> Feet From The <u>east</u> Line 6 Section <u>17S</u> Township <u>35E</u> Range <u>NMPM</u> LEA County	
10 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>MIT</u>	

12 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.

OH 6007' PKR
OH 6080' - 6320'
Initial: 545 psi
15 min: 540 psi
30 min: 538 psi

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 01-17-00

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

JCS

