

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.  
30-025-30698

Indicate Type of Lease

STATE ☐

FEE ☒

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.)

Lease Name or Unit Agreement Name  
West Lovington Unit 40990

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator  
Titan Resources I, Inc.

Well No.  
66

Address of Operator  
500 W. Texas, Ste. 200, Midland, TX 79701

Pool name or Wildcat  
Lovington, Upper San Andres, West

Well Location

Unit Letter P : 135 Feet From The south Line and 1300 Feet From The east Line

5 Section 17S Township 36E Range NMPM Lea County

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:

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: Temporarily abandon ☒

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.

Bled well down. TOOH w/ 1.2 X 6' parted FG sub; ND 6" 900 WH; rels TAC & installed 6" 900 BOP. TOOH w/ tbg to parted rod; unseated pump; pulled rods, K-bars pump, tbg, SN. TIH w/ PDQX CIBP, 149 jts tbg (4660').

Test CIBP to 500 psi, circ 140 bbls FW mixed w/ 27.5 gal pkr fluid. Pulled tbg, CIBP; installed 6" 900 WH w/ 2-7/8" X 4' double collar sub w/ 2-7/8" tap BP & gauge; flange up WH.

TA'd 4/25/98. Maintain current status to accomodate possible CO2 tertiary recovery.

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: