

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. 30-025-30962
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name West Lovington Unit 40990
Well No. 70
Pool name or Wildcat Lovington, Upper San Andres, West

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.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Operator Titan Resources I, Inc.
Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701
Well Location Unit Letter <u>D</u> <u>1330</u> Feet From The <u>north</u> Line and <u>15</u> Feet From The <u>west</u> Line Section <u>4</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> 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: TA SI pressure chart ☒

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.

8-5/8" 24# @ 378'
5-1/2" 15.5# @ 5264'

CIBP @ 4721'
perfs: 4764' - 5096'
Initial pressure: 560 psi
15 min: 550 psi
30 min: 550 psi

TA'd 4/29/98. Maintain current status to accomodate possible CO2 tertiary recovery.

Subsequent report of TA filed 1/17/2000.

2-18-2005

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 02-04-00

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

JENG