APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. 2040 Pacheco St. 30-025-31458 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease STATE FEE X DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" West Lovington Unit 40990 (FORM C-101) FOR SUCH PROPOSALS.) Type of Well GAS WELL WELL OTHER Name of Operator «Well No. Titan Resources I, Inc 93 Address of Operator Pool name or Wildcat 500 W. Texas, Ste. 200, Midland, TX 79701 Lovington, Upper San Andres, West 4Well Location 1305 **Unit Letter** Feet From The south 1305 west Feet From The Line Section 17S Township 36E Range Lea County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 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: Temporarily abandon 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Pulled rods & pump; pulled tbg, TAC.
TIH w/ PDQ CIBP, 151 jts 2-7/8" tbg, set CIBP @ 4690', stung out of CIBP. Load & test annulus to 500 psi, circ 130 bbls FW mixed w/ 27.5 gal pkr fluid; took 61 bbls to break circ. Pulled tbg & CIBP setting tool. Flanged up 8-5/8" Larkin WH w/ 2-7/8" double collar sub w/ tap BP and gauge. TA'd 6/10/98. 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** TITLE Regulatory Analyst DATE 01-17-00 TYPE OR PRINT NAME Laura Clepper TELEPHONE NO. 915/498-8662 (This space for State Use)

TITLE

DATE