

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. 30-025-31459
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. 94
Pool name or Wildcat Lovington, Upper San Andres, West

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>E</u> : <u>2625</u> Feet From The <u>north</u> Line and <u>15</u> Feet From The <u>west</u> Line Section <u>8</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: 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.

Pulled rods & pump; pulled tbq, TAC.  
TIH w/ PDQX CIBP, 150 jts 2-7/8" tbq, set CIBP @ 4677', stung out of CIBP. Load & test annulus to 500 psi, circ 130 bbls FW mixed w/ 27.5 gal prk fluid; Pulled tbq & CIBP stinger tool. Flanged up 8-5/8" Larkin WH w/ 2-7/8" X 4' double collar sub w/ tap BP and gauge.

TA'd 6/4/98. 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 \_\_\_\_\_