

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.  
30-025-31549

Indicate Type of Lease  
STATE ☐ FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
Lovington San Andres Unit

Well No.  
83

Pool name or Wildcat  
Lovington Grayburg San Andres 40580

| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  |
| 2 Name of Operator<br>Titan Resources I, Inc.  |  |
| 3 Address of Operator<br>500 W. Texas, Suite 200, Midland, TX 79701  |  |
| 4 Well Location<br>Unit Letter <u>F</u> : <u>1472</u> Feet From The <u>north</u> Line and <u>1520</u> Feet From The <u>west</u> Line<br>Section <u>1</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> County |  |
| 5 Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3831' GR   |  |

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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: ☐

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.

Pull tubing and pump  
Run in hole with tubing  
Latch on RBP @ 4527'  
POOH with tubing and RBP  
TIH with sub pump and tubing  
Return well to production.

Work was completed 3/18/00.

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 05-14-00

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:

5  
C

B

