

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. 30-025-31569
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Lovington Paddock Unit
Well No. 135
Pool name or Wildcat Lovington Paddock 40660

<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	
Name of Operator Titan Resources I, Inc.	
Address of Operator 500 W. Texas, Ste. 200, Midland, Tx 79701	
Well Location Unit Letter <u>B</u> : <u>137</u> Feet From The <u>north</u> Line and <u>2485</u> Feet From The <u>east</u> Line 6 Section 17S Township 37E Range NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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### Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: shut-in pressure test <input checked="" type="checkbox"/>

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.

TD: 6460'  
8-5/8" 24# @ 1335' TOC circ  
5-1/2" 15.5# @ 6460' TOC circ  
Perfs: 6015' - 6287'  
CIBP @ 5971'  
Initial pressure: 560 psi  
15 min: 560 psi  
30 min: 560 psi

This Approval of Temporary  
Abandonment Expires 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 02-03-00  
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:

SCN