

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 130, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
600 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 06872
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name E. O. Carson
2. Name of Operator Titan Resources Inc.	8. Well No. 18
3. Address of Operator 500 W. Texas Ste. 500, Midland, TX 79701	9. Pool name or Wildcat Blinberg Paddock
4. Well Location Unit Letter <u>M</u> : <u>760</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>28</u> Township <u>21S</u> Range <u>37E</u> NMMPM 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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

11. 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.

41RU 1/27/99

- (1) 5 1/2 CIBP @ 3800' w/25 sacks
- (2) 25 sacks 2900 - 2600
- (3) 25 sacks 2000 - 1700'
- (4) 50 sacks thru perf @ 370' flush to 270' woc & pressure test plug to 750 psi
- (5) 10 sacks @ surf w/ dry hole marker installed 2/1/99

0.5 mud between all plugs

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 2-9-99
TYPE OR PRINT NAME Laura Clepper TELEPHONE NO. 915/498-8662

(This space for State Use)

APPROVED BY Tammy D. Hill TITLE Assistant Secretary DATE 2-9-99

CONDITIONS OF APPROVAL, IF ANY:

JE GWW
5/2

CP