– Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, indexerals and Natural Resources Department OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, 87505		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hoobs, NM 88240			WELL API NO. 30-025-06986	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Loase STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		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 FROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL OAS WELL X WELL	OTHER		E. O. CARSON	
2. Name of Operator	······································		8. Well No. 15	
Titan Resources I, Inc. 3. Address of Operator			9. Pool uzme or Wiidcat	
500 West Texas Suite 500, Midland, TX 79701			PADDOCK	
4. Well Location				
Unit Letter $\underline{C}$ : 73	1 Feet From The North	Line and20	51 Feet From The West Line	
Section 33	Township 21-S Rat		NMPM Lea County	
	10. Elevation (Show whether 1 3457' GR	DF, RKB, RT, GR, etc.)		
	Appropriate Box to Indicate N		· · ·	
NOTICE OF INT	FENTION TO:	SUBSEQUENT REPORT OF		
		REMEDIAL WORK	X ALTERING CASING	
	CHANGE PLANS			
LL OR ALTER CASING CASING TEST AND CI				
OTHER:		OTHER:		
12. Describe Proposed or Completed Opera work) SEE RULE 1103. Clean out, acidize and in		i d give persinent dates, inclu	uding estimated date of starting any proposed	

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1/30/97	RIH with clean-out bailer on tubing. Tag fill at 5254'. (Perfs: 5126' - 5280') Clean out to
	5298'. POOH with bailer. RIH with packer, set at 5100'.
1/31/97	RU swab. Recovered heavy iron sulfide emulsion. Acidized with 3000 gal 15% HCl with
	paraffin chemical. Swabbed 19 Bbls.
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2/1/97	Swabbed 60 Bbls total fluid20% oil cut.
2/3/97	Replaced tubing and RIH for production. RIH with pump and rods.
2/6/97	Set pumping unit and put on production.

(This space for State Use) All Control of the Mark State State State Use All Control of the State Stat		MAR 0 4 1997
TYPE OR PRINT NAME Ron Lechwar		TELEPHONE NO.915/682-6612
SKONATURE Mon Juli	me Project Manager	DATE 2/24/97
I hereby certify that the jaformation above is true and complete to the bast of my knowledg	e and belief.	