

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, 87505

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

WELL API NO.

30-025-07012

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

GAS
WELL ☒

OTHER

2. Name of Operator

TITAN RESOURCES I, INC.

3. Address of Operator

500 WEST TEXAS, SUITE 500, MIDLAND, TX 79701

8. Well No.

2

9. Pool name or Wildcat

BLINEBRY OIL AND GAS (GAS)

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 31 34 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3443' GR

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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Install Pumping Equipment ☒

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.

1/2/97 MIRU pulling unit. ND wellhead. NU BOP. Release packer and POOH with tubing and packer. PU bulldog bailer and RIH.

1/3/97 Finish RIH with bailer. Tagged bridge at 5486 ft. (perfs: 5504 ft to 5648 ft) Cleaned out to 6,000 ft. POOH with bailer. RIH with 2-3/8" production.

1/4/97 RIH with pump and rods. Shut down--waiting on electricity.

1/16/97 Electric power installed. Started well pumping.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Ron Lechwar

TITLE

Project Manager

DATE

1/30/97

TYPE OR PRINT NAME

Ron Lechwar

TELEPHONE NO. 915/682-66

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: