Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

I TOIGT I

OIL CONSERVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.			WELL API NO.				
DISTRICT II	Santa Fe, NM 87505				30-025-07013			
P.O. Drawer DD, Artesia, NM 88210					sIndicate Type of Leas	STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					₅State Oil & Gas Leas			
SUNDRY NOTIC	CES AND REPORTS ON	WELI	_S		District May		and the design of	
(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.)					7Lease Name or Unit Marshall Com	Agreement Name		
Type of Well: OIL GAS GAS					*			
WELL WELL	OTHER				eWell No.		<del></del>	
₂Name of Operator Titan Resources I, Inc.					1			
3Address of Operator 500 West Texas, Suite 500, Midlan	d, Texas 79701	-	· ·		∘Pool name or Wildca Blinebry (Progas			
₄Well Location	Fact From The North		Line and	790	Feet From The	West	Line	
Unit Letter E : 1980	rectrion the		Line and					
Section 34	Township 21S		ange	37E	NMPM	Lea	County	
<b>是是国际实施证</b> 书。这个证据。	3455' GL			,.,		136		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: SU				SUB	SSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL W	ORK	X	ALTERING CAS	SING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING O				PNS.	PLUG AND ANB	ANDONMENT	
PULL OR ALTER CASING	R CASING CASING TEST AND CEN				ENT JOB			
OTHER:			OTHER:					
12Describe Proposed or Completed Operation	s (Clearly state all pertinent details,	and give	pertinent dates,	including es	stimated date of starting	any proposed		
work) SEE RULE 1103. 5/1/98 - 5/2/98 Parted rods. POH v 5437', ND BOP, NU WH. TIH w/ 2" production.	v/rods & pump. ND wellhead X 1-1/4" X 12' pump, rods; h	d, NU E nang w	BOP. POH tb ell on, spaced	g. TIH w d out. Loa	/ MA, perf sub, SN, ad & test 4 strokes	, tbg, TAC, land 500 psi; return	ISN @ to	
production.								
I hereby certify that the information above is	true and complete to the best of my	knowle	dge and belief.					
SIGNATURE SOUTE	Clapper	ті	TLE Regulato	ory Analys	st	DATE 01-2	0-00	
TYPE OR PRINT NAME Laura Clepper		·- <u></u> -				TELEPHONE NO. (	915)498-8662	
(This space for State Use)	THE STEELS WILLIAMS					ATE	a Maria	
District.	SUPLAVISOR	**	TI F			DATE IL	13 0.	
APPROVED BY		''	1					