

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.  
30-025-07013

Indicate Type of Lease  
STATE ☐ FEE ☒

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.)

Type of Well:  
OIL ☒ GAS ☐  
WELL ☒ WELL ☐ OTHER ☐

Name of Operator  
Titan Resources I, Inc.

Well No.  
1

Address of Operator  
500 West Texas, Suite 200, Midland, Texas 79701

Pool name or Wildcat  
Blinebry (Progas) 72480

Well Location  
Unit Letter E : 1980 Feet From The North Line and 790 Feet From The West Line  
Section 34 Township 21S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3455' GL

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 ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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. MIRU PU. POOH w/rods & pump. ND wellhead, NU BOP. POOH w/tbg.
2. RIH w/5" x 2 3/8" treating pkr. w/on/off tool and 2 3/8" profile nipple on 2 7/8" frac tbg. Test tbg. to 9000 psi. Set pkr. @ 5400'. Load annulus w/2% KCL wtr. & press. backside to 500 psi.
3. Frac per frac recommendation.
4. Flow well back.
5. Set blanking plug in profile nipple, release on/off tool. POOH & LD frac tbg.
6. RIH w/prod. tbg. & on/off tool. Latch on pkr. Pull blanking plug.
7. If necessary, swab well to kick off flowing.
8. Place well back on production.

*This intent was previously filed for the wrong pool.*

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 01-20-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. (915)498-8662

(This space for State Use) DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: