

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. 30-025-07016
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Marshall Com
Well No. 5
Pool name or Wildcat Blindery 046 Tubb Oil & Gas (Oil) Drinkard
Well Location Unit Letter C : 589 Feet From The North Line and 2051 Feet From The West Line Section 34 Township 21-S Range 37-E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3419' GR

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 WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Titan Resources I, Inc.

Address of Operator
500 West Texas, Ste. 500, Midland, Texas 79701

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

Elevation (Show whether DF, RKB, RT, GR, etc.)
3419' GR

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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: Open additional perms ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

MIRU PU. POOH w/rods and pump. ND wellhead, NU BOP. POOH w/tbg.
Perf 5503' - 20', 5547' - 60', 5601' - 25' & 5630' - 35' w/1 SPF (63 holes)
Place on production.

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

SIGNATURE

Brenda Coffman

TITLE Regulatory Analyst

DATE 11-17-97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: