Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Muscrals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

WELL API NO.

0 1	Pachec	o St.	1 3	30
ıta	Fe,	87505	5.	

F.O. BOX 1900	0, 110002, 14141 00240	2040 Pacheco	JL.	30-025-07017			
DISTRICT II P.O. Drawer I	DD, Anesia, NM 88210	Santa Fe, 8	7505	5. Indicate Type of Lease STATE FEE K			
DISTRICT III 1000 Rio Braz	Zos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.			
	CHAIDDY MOTIC	ES AND REPORTS ON WEL	IS				
(DO NOT U	JSE THIS FORM FOR PROP DIFFERENT RESERV	OSALS TO DRILL OR TO DEEPEN OIR. USE "APPLICATION FOR PEI	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name			
1. Type of W	(FORM C-10 Vell:	01) FOR SUCH PROPOSALS.)		Marshall Com			
METT [OTHER		o w.u.v.			
2. Name of C	•			8. Well No.			
Titan 3. Address of	Resources I, Inc.			9. Pool name or Wildcat			
	•), Midland, Texas 797	01	Paddock			
4. Well Loca	ation	Feet From The North		Feet From The West Line			
Secti	tion 34	Township 21S R		NMPM Lea County			
		10. Elevation (Show whether 3464' GR	DF, RKB, RT, GR, etc.)				
<i>[[]]]]]</i> 11.	Check At	ppropriate Box to Indicate	Nature of Notice, R	eport, or Other Data			
11.	NOTICE OF INTE	· • · ·		SEQUENT REPORT OF:			
PERFORM RE	EMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING			
TEMPORARIL	LY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT			
PULL OR ALT	TER CASING		CASING TEST AND CEMENT JOB				
OTHER:			OTHER: Add Upper	er Paddock Pay			
	E RULE 1103.			ding estimated date of starting any proposed			
6-2-97	Paddock with 1 s plug and packer set.	hot/ft from 5064' to son tubing. Set bridge	5084' (21 shots) e plug at 5120'.	Ran GR-N-CCL. Perforated Upper RIH with retrievable bridge Pull packer up to 5020' and			
6-3-97	Acidized with 2, POOH. RIH with	500 gals (15% NETE HCl tubing for production		er, retrieved bridge plug and wabbed 26 bbl load water.			
6 -4 -97 6 - 5-97	97 Continued swabbing.						
I hereby certif	fy that the information above is true		sd belief. Production Operat	DATE			
TYPE OR PRIN	TINAME Bruce Woodar	-d		(915)498-8663 Telephone no.			
(This space fo	ORIGINAL SICE	VED BY CHRIS WILLIAMS OF I SUPERVISOR		March 1997			

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-