

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-24471
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. 9
Pool name or Wildcat Paddock

**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, Ste. 500, Midland, Texas 79701

4. Well Location

Unit Letter C : 840 Feet From The North Line and 1606 Feet From The West Line

Section 34 Township 21S Range 37E NMPM Lea County

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

3424' 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: Open additional perforations ☒

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.

1. RUPU. POOH w/rods and pump.
2. RIH w/RBP, pkr & tbg. Set RBP @ 5100'. Test RBP. PU to 5070' & spot 200-gals 15% NEFE double inhibited acid. POOH w/tbg. & pkr.
3. Perf 5046' - 5070' w/1 SPF.
4. RIH w/pkr & tbg. to 4900'. Reverse 5 bbls into tbg. & set pkr.
5. Acidize w/2000 gals 15% NEFE acid w/ball sealers to ball out. Flush w/2% KCL water.
6. Swab back load
7. POOH w/tbg., pkr, & RBP.
8. Return to 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 10-27-97

TYPE OR PRINT NAME Brenda Coffman

TELEPHONE NO. (915) 498-8662

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

498 3 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY.