

DISTRICT I
P.O. Box 1980, Hobos, 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 06665
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No
Lease Name or Unit Agreement Name L. G. WARLICK B effective 3/15/1999
Well No. 1
Pool name or Wildcat BLINEBRY OIL & GAS 06660

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 <input checked="" type="checkbox"/> GAS WELL OTHER
Name of Operator TITAN RESOURCES I, INC.
Address of Operator 500 W. TEXAS, SUITE 200, MIDLAND, TX 79701
Well Location Unit Letter H 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 19 Township 21S Range 31E NMPM LEA County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3518' GR

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: TEMPORARILY ABANDON ☒

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

WELL WAS TEMPORARILY ABANDONED EFFECTIVE 3/15/1999.

TIH w/ 4-3/4" bit, 5-1/2" csg scraper. PU 174 jts tbg to 5440'. TOH w/ 174 jts tbg, scraper & bit.
TIH w/ PDQX-CIBP, 2-3/8" SN & 172 jts tbg; set CIBP @ 5403'. Circ & displaced 5-1/2" csg w/ 130 bbls 2% KCL wtr & 28 gal CI-76 corrosion inhibitor. Pressure tested csg to 500#, charted 30 min. Released pkr. TOH w/ 172 jts tbg, SN. Loaded well w/ 2% KCL wtr.

7-7-2005

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

SIGNATURE

TITLE Regulatory Analyst

DATE 03-27-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO 915/498-8662

(This space for State Use.)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY



