

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

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, 87505

WELL API NO.

30-025-10179

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Titan Resources I, Inc.

3. Address of Operator

500 W. Texas, Suite 500, Midland, Texas 79701

4. Well Location

Unit Letter C : 660 Feet From The North Line and 2080 Feet From The West Line

Section 10

Township 22S

Range 37E

NMPM

Lea

County

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

3427 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Install Pumping Equipment ☒

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.

4/26/97 MIRU pulling unit. Killed well. NU BOP. POOH with tubing and packer.
4/27/97 RIH with bit and clean-out bailer. Tagged fill at 5800' (Perfs: 5,444' to 5,852' -
PBTD 6,200') Cleaned out to 6130'.
4/30/97 RIH with packer and tubing. Set packer at 5350'. Acidized with 3,000 gals
15% HCl. Swabbed back load.
5/1/97 POOH with tubing and packer. RIH with 170 jts 2 3/8" tubing. SN at 5401'.
RIH with pump and rods.
5/4/97 Set pumping unit and put on production.

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

SIGNATURE Ron Lechwar TITLE Project Manager

DATE 5/8/97

TYPE OR PRINT NAME Ron Lechwar

(915) 682-6612
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 16 1997