Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

| Form | C-1 | α | 3 |
|--------|-----|----|-----|
| Revise | d 1 | -1 | -89 |

DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-33824 87505 Santa Fe, P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X DISTRICT III STATE 1000 Rio Brazos Rd., Aziec. NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Brunson-Argo WELL | werr [X] OTHER 2. Name of Operator 8. Well No. Titan Resources I, Inc. 3. Address of Operator 9. Pool name or Wildcat 500 W. Texas, Suite 500, Midland, Texas 79701 Wantz Abo 4. Well Location Unit Letter F : 1700 Feet From The North Line and 1880 Feet From The West Line 10 22S Range 37E Township **NMPM** Lea 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3406' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: OTHER:_Spud 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. 4/5/97 Spud 12 1/4" hole 4:00 P.M. Depth 1150'. Ran 29 jts <u>8 5/8</u>", 24 lb/ft, J-55, ST&C casing. Set at 1150'. Cemented with 450 sx 35:65 B J Lite + 100 sx Class "C" w/2% CaCl2. Circulated 78 sx to surface. 4/7/97 WOC 18 hrs. Tested BOP and casing to 1000 psi - o.k. Drill out w/7 7/8" bit. I hereby certify that the ful ormation above is true and complete to the best of my knowledge and belief. SIGNATURE _ _ mue Project Manager _{DATE} <u>5/</u>8/97 TYPE OR PRINT NAME Ron Lechwar (915)682-6612

TELEPHONE NO.