## Submit 3 Copies to Appropriate

## State of New Mexico Energy, mainerals and Natural Resources Department

Form C-103

District Office	<b>57</b> ,	•	Keyised 1-1-5y
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
	2040 Pacheco St.		30-025-33825
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	37505	5. Indicate Type of Lease
DISTRICT III			STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	CES AND REPORTS ON WE		
	RVOIR. USE "APPLICATION FOR PE		7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)		Brunson-Argo
OR GAS WELL	OTHER		9
2. Name of Operator Titan Resources I, Inc.			8. Well No. 22
3. Address of Operator			9. Pool name or Wildcat
500 West Texas, Suite 5	00, Midland, Texas 79	701	Wantz Abo
4. Well Location			
Unit Letter C: 700	O Feet From The North	Line and1750	Feet From The West Line
Section 10	Township 22S R	unge 37E	IMPM Lea County
	10. Elevation (Show whether		MPM Lea County
	3416' GR		
	appropriate Box to Indicate	_	=
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT 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 CEN	MENT JOB 🗓
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation	ons (Clearly state all pertinent details, a	d sive pertinent dates includi	ine estimated data of stanting any
work) SEE RULE 1103.		a gove per waru anes, menan	ng essential came of starting any proposea
5/22/97 Drilled 7 7/8" ho			•
			set at 7312'. Ran DV tool at
			d DV tool, circulated 105 sx to
surface. Cemente drilling rig.	ed 2nd stage with 1500	SX 65:35 POZ + 1	00 sx Class "C" neat. RDMO
	. Drilled out DV too	Tested to 100	0 psi. Ran Cement Bond Log.
Top of cement 136		· icacca co ioo	o poi. Tair concile bond hog.
-			
I hereby certify that the difformation above is true a	ad complete to the best of my knowledge and	belia.	
SIGNATURE AM JULIA	тп	Project Manager	6/2/97 ————————————————————————————————————
TYPEOR PRINT NAME Ron Lechwar			(912)498-8625 TELEPHONE NO.
			ILLETTERS NO.
(Thus space for State Use) ORIGINAL SI	GNED BY CHRIS WILLIAMS		nia 09 1397
2131	INCLE SUPERVISOR		3114 U O O

TITLE -

APPROVED BY ... CONDITIONS OF APPROVAL, IF ANY: