APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TO LECTERAISOR

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO 2040 Pacheco St. 30-025-33826 Santa Fe, NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS Tree (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" **BRUNSON ARGO** (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X WELL «Well No. 2Name of Operator
TITAN RESOURCES I, INC. 23 3Address of Operator Pool name or Wildcat 500 W. TEXAS, STE 500, MIDLAND, TEXAS 79701 WANTZ ABO ₄Well Location 1800 Feet From The NORTH 560 WEST Unit Letter Line and Feet From The Line 10 **22S LEA** Section NMPM Township Range County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Perf + acidize 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. MIRU pulling unit. POH w/production equipment. ND wellhead, NU BOP.
 Perf 6620-28', 52-58', 86-88', 6706-08', 70-83', 6904-08', & 35-37' w/ 1 SPF (44 holes).
 Acid frac down casing at 30 BPM as follows with all fluids containing 30% CO2: a. Pump 1000 gallons 20% gelled acidb. Pump 2500 gallons 20% cross linked acid. c. Pump 1000 gallons 20% gelled acid. d. Pump 2500 gallons 20% cross linked acid. e. Pump 1000 gallons 20% gelled acid. f. Pump 12100 gallons 2% KCL water for flush. 5) Flow well back to recover load. Return well to production. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE OPERATIONS TECH. DATE 04-23-98 SIGNATURE TYPE OR PRINT NAME HAYLIE URIAS TELEPHONE NO. 915-498-8661 (This space for State Use) A. 15. THE WALLAMS __ TITLE

DATE