

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, 87505

WELL API NO.

30-025-33827

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

7. Lease Name or Unit Agreement Name

Brunson-Argo

8. Well No.

24

9. Pool name or Wildcat

Wantz Abo

4. Well Location

Unit Letter H : 1750 Feet From The North Line and 650 Feet From The East Line

Section 09 Township 22S Range 37E NMPM Lea County

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

3419' 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: TD ☒

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.

5/5/97 TD 7495'

5/7/97 Run 167 jts 5 1/2", 17 lb/ft, K-55, LT&C casing set @ 7483'. DV tool @ 3985'. Cemented 1st stage with 892 sx 50:50 POZ. Opened DV tool and circulated 104 sx cement to surface. Cemented 2nd stage with 1058 sx 35:65 POZ + 100 sx Class "C" neat. Circulated 60 sx to surface.

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:

13 1997