

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, NM 87505

WELL API NO. 30-025-33964
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Brunson-Argo
Well No. 25
Pool name or Wildcat Eunice; San Andres, South

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2 Name of Operator Titan Resources I, Inc.	
3 Address of Operator 500 West Texas, Suite 500, Midland, Texas 79701	
4 Well Location Unit Letter F : 1712 Feet From The North Line and 1823 Feet From The West Line Section 10 Township 22S Range 37E NMPM Lea County	
5 Elevation (Show whether DF, RKB, RT, GR, etc.) 3406 GR	

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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: Open additional perfs San Andres ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

1. MIRU PU, POOH w/production equip., ND wellhead, NU BOP.
2. GIH w/tbg. to +/- 4,010 and spot 150 gals 15% NEFE double inhibited acid. POOH.
3. Perf. 3,934' - 38', 3949' - 54', 3,963' - 74', 3,982' - 86', 3,998' - 4,010' w/ 1 SPF (41 holes)
4. GIH w/pkr. and tbg. to +/- 3,910', Rev 5 bbls. into tbg. and set pkr.
5. Break formation and acidize w/4,000 gals 15% NEFE acid w/ball sealers to ball out. Flush w/2% KCL water.
6. Swab to evaluate.
7. POOH w/tbg. and pkr.
8. Return well to production.

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

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 10-06-97

TYPE OR PRINT NAME Brenda Coffman

TELEPHONE NO. (915) 498-8661

(This space for State Use)

WILLIAM
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

17 1997