## Submit 3 Copies to Appropriate District Office

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

Form C-103

DISTRIC	II			
P.O. Box	1980,	Hobbs,	NM	88240

CONDITIONS OF APPROVAL, IF ANY:

## OT CONCEDUATION DIVISION

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO.	
	2040 Pacheco	St.	30-025-33964	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, 8	7505	5. Indicate Type of Lease STATE FEE W	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.)	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL Y WELL	OTHER		Brunson—Argo	
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			Eunice; San Andres, South	
4. Well Location				
Unit Letter F : 171	Feet From The North	Line and 182	3 Feet From The West Line	
Section 10			NMPM Lea County	
	10. Elevation (Show whether 3406 GR	DF, KKB, KI, GK, etc.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data	
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER: TD - Run	& Cement Casing X	
12. Describe Proposed or Completed Operationski) SEE RULE 1103.	tions (Clearly state all pertinent details, an	nd give pertinent dates, includ	ling estimated date of starting any proposed	
6-1-97 TD 4436' TD at	1:30 P.M. 6-1-97. Circ	ulate for logs.	POOH and ran logs.	
Class "C", 65:35	23 lb/ft, K-55, LT&C ca POZ followed by 700 sx ips and released rig.	sing. Set at 44 Class "C" 50:50	34'. Cemented with 345 sx POZ. Circulated 16 sx to	
		,		
•				
I hereby certify that the information above is true	And complete to the best of my knowledge and	belicf.		
SIGNATURE / on de	ulm m	Project Manage	er 6/4/97	
TYPEOR PRINT NAME Ron Lechwar			(915)498-8625 TELEPHONE NO.	
(This space for State Use)	(	PRIGINAL SIGNED BY DISTRICT I SUF	CHRIS WILLIAM JUN 11 1997	
AFFROVED BY	m		DATE	