Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-025-33994 Santa Fe, NM 87505 sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6State 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 Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" **BRUNSON-ARGO** (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL WELL X ₅Well No. 2Name of Operator
TITAN RESOURCES I, INC. 26 Address of Operator Pool name or Wildcat WANTZ ABO 500 WEST TEXAS, SUITE 500, MIDLAND, TEXAS 79701 ₄Well Location NORTH 660 WEST 990 Feet From The Line and Feet From The Unit Letter 22 S LEA County 10 NMPM Section Township Range 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 3409 GR. 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ANBANDONMENT COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CHANGE PLANS **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. Spud 12-1/4" hole at 8:00 P.M. 6-24-97 6/24/97 Drilled to 1140'. Ran 27 joints 9-5/8", 36 lb/ft. K-55 casing, set at 1140'. Cemented with 400 sx Class "C" 65:35 lite + 100 sx 6/25/97 Class "C" with 2% CaCl2. Circulated 115 sx to surface. WOC 18 hrs. NU BOP. Test BOP and casing to 1,000 psi. Drilled out with 8-3/4" bit. 6/26/97

I hereby certify that the information above is true and complete	to the best of my knowledge and belief.	
SIGNATURE MON July	TITLE PROJECT MANAGER	DATE 4-24-97
TYPE OR PRINT NAME RON LECHWAR		TELEPHONE NO. 915/682-6612
(This enace for State Iso)		

APPROVED BY

ORIGINAL SIGNED BY CHRIS WILLIAMS

DISTRICT I SUPERVISOR

TITLE

DATE __

CONDITIONS OF APPROVAL, IF ANY:

AUS 19 1997