Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS O

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

OCD Hobbs

DEC 1 0 20 5. Lease Serial No. 20 60 063695

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

abandoned well.	Use Form 3160-3 (A	(PD) for such propos	AFCEIVED		
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well				7. If Unit of CA/Agreement, Name and/or No. Cooper Jal Unit- NM 070926X	
Oil Well Gas Well Other Injector				8. Well Name and No.	
2. Name of Operator Resaca Operating Company				Cooper Jal Unit #213 9. API Well No.	
		30-025-09623			
3a. Address 1331 Lamar Street, Suite 1450	3b. Phone No. (include area (432) 580-8500	10. Field and Pool or Exploratory Area Jalmat; T-Y-7R/ Langlie Mattix; 7R-Q-G		•	
4. Location of Well <i>(Footage, Sec., T.,</i> 1980 FSL & 662 FEL, Sec. 24, T-24S, R-36E,	1)		11. Country or Parish, State Lea County, NM		
97 12. CHE	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NATU	JRE OF NOTICE,	REPORT OR OTHE	ER DATA
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACT			TON	
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Product	ion (Start/Resume)	Water Shut-Off Well Integrity
Subsequent Report	Casing Repair Change Plans	☐ New Construction☐ Plug and Abandon	Recomp	lete arily Abandon	Other Installed Casing Monitoring System
Final Abandonment Notice	Convert to Injection	Plug Back	Water D	isposal	
determined that the site is ready for Objective: Install Casing Monitoring 1.) Installed 2 inch valve on Annulu 2.) Installed 2 inch line pipe from Ar 3.) Installed 100 gallon plastic tank 4.) Connected high and low alarm to *Contact Marc Neatherlin (432) 580	g System, pictures of systems of 3 1/2" x 4 1/2" casing. Incluse Valve to 2 inch mot with high & low alarm. To motor valve, to shut to is	or valve. olate well.	FCC MOO SYS ME	ept for diffication stem as a	record s to this monito shown have been 1/2012 14
14. I hereby certify that the foregoing is t	ruc and correct. Name (Printe	d/Typed)			
Melanie Reyes	Title Engin	eer Assistant			
Signature ////		Date 07/31	/2012		
	THIS SPACE	FOR FEDERAL OR S	STATE OFFIC	CE USE ACC	EPTED FOR RECORD
Approved by					Page DEC 6 2012
Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conditions.	thereon	ct lease which would Office		BUR	Lenguly Mosen
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or representations.			y and willfully to m	ake to any department	CARLESBAST THE LIDIRET STATES any false