

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State: Fee:

5. 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. OIL WELL GAS WELL OTHER

2. Name of Operator
Texaco Producing Inc.

3. Address of Operator
P.O. Box 728 Hobbs, NM 88240

4. Location of Well
UNIT LETTER *N* *990'* FEET FROM THE *South* LINE AND *2310'* FEET FROM THE *West* LINE, SECTION *24* TOWNSHIP *24S* RANGE *36 E* NMPM.

7. Unit Agreement Name
Cooper Jal Unit

8. Farm or Lease Name
Jalmat Tonsill Yates 7R

9. Well No.
217

10. Field and Pool, or Wildcat
Jalmat Tonsill Yates 7R

11. Elevation (Show whether DF, RT, GR, etc.)
3320' GR

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

5/25-27/88 Pulled production equipment. Cleaned out Fill From 3122' to 3244 TD. Ran GR-CNL log. Reran production equipment.

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

SIGNED *K. Johnson* TITLE *AREA SUPERINTENDENT* DATE *JUN 15 1988*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: