

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

3 Copies appropriate to Office
RICT I
Box 1980, Hobbs, NM 88240
RICT II
Drawer DD, Artesia, NM 88210
RICT III
Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-096440000
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cooper Jal Unit
8. Well No. 134
9. Pool name or Wildcat Jalmat FY7R & Langlie Mattix 7R-Q-G

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
Texaco Producing Inc. (505) 394-2585

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

Well Location
Unit Letter N ; 330 Feet From The South Line and 1650 Feet From The West Line

Section 24 Township 24S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3321' KB

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
FORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1-21/89 Pulled pumping equipment. Cleaned out Fill from 3521' to 3555' w/bailer.
Recan pumping equipment and pumped to test.

3/89 24 Hour Test: 19.9 BOPD, 90.0 BWPD, 17.9 McFPD, GOR = 900

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

SIGNATURE K.L. Johnson TITLE AREA SUPERINTENDENT DATE MAR 20 1989

FOR PRINT NAME K.L. Johnson TELEPHONE NO. 394-2585

APPROVED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE MAR 21 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 21 1989

OCD
HOBBS OFFICE