Submit I Copy To Appropriate District	State of New Mo	exico		Form C-103
District - (575) 393-6161 Holiston Administration Holiston Holiston Administration Holiston Administration Holiston Holiston Administration Holiston Holi		Revised August 1, 2011 WELL API NO.		
1625 N. PICHCH DE, PRODES, NVI 88240		30-025-09653		
811 S. First St., Artesia, NM 88210 ADD 91 CONSERVATION DIVISION		DIVISION	5. Indicate Type of Lease	
			STATE [] FEE ⊠
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	/505	6. State Oil & Gas	
87505	RECEIVED			
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.)			7. Lease Name or Unit Agreement Name Cooper Jal Unit	
1. Type of Well: Oil Well Gas Well Other Injector		8. Well Number 241		
2. Name of Operator			9. OGRID Number 263848	
Resaca Operating Company 3. Address of Operator			10. Pool name or V	Vildent
1331 Lamar St. Ste. 1450, Houston, TX 77010			Jalmat; Tansill-Yates-7Rivers	
4. Well Location			,	
Unit Letter G :	1650 feet from the No	<u>rth</u> line and	1650 feet from	the <u>East</u> line
Section 25	Township 24S Rang	e 36E	NMPM Lea C	County
	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)		
	GL 3288'		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Appropriate Box to Indicate N	1	•	
			SEQUENT REP	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			ALTERING CASING	
TEMPORARILY ABANDON DULL OR ALTER CASING	MULTIPLE COMPL	COMMENCE DRIL CASING/CEMENT		AND A
DOWNHOLE COMMINGLE	MOETIFEE COMPC	CASING/CEIVIENT	30b 🖺	
OTHER:			ure Test- MIT	<u> </u>
	oleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion.			
Objective: Perform Mechanical Into	egrity Test.		•	
1.) MIRU Transport on 4/16/13.				
2.) Pressure tested annulus to 440 psi for 30 minutes- (Packer Set @ 2936 '; Top OH- 3033').				
3.) Pulled pressure chart for NMOCD (NMOCD notified, test not witnessed).4.) RD Transport and placed well back on injection. 4/16/13				
7.) KID Transport and proced w	en blok of injection, 4/10/15			
•				
<u> </u>	,			7
Spud Date:	Rig Release Da	ite:		
I hereby certify that the information	above is true and complete to the be	est of my knowledge	and belief.	
MIL				
signature	TITLE	Engineer Assistant	DATE	4/24/13
Type or print name <u>Melanie Reye</u>	s E-mail address: mela	mic.reyes@resacaexi	ploitation.com PHO	NE: <u>(432) 580-8500</u>
For State Use Only		· · · · · · · · · · · · · · · · · · ·		
APPROVED BY	John TITLE DES	tma=	IN A TOP	5-2-2013
Conditions of Approval (1 any):	THE US	0.010	リハロ	- L=WIJ

MAY 06 2013



