

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-09641
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Water Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Torch Energy Services, Inc.		6. State Oil & Gas Lease No. 141560
3. Address of Operator 2600 W. I-20, Odessa, TX 79763		7. Lease Name or Unit Agreement Name Cooper Jal Unit
4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>24</u> Township <u>24S</u> Range <u>36E</u> NMPM <u>Lea</u> County		8. Well Number <u>135</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3318' KB		9. OGRID Number <u>241401</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type <u>NA</u> Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Clean Out Injector w/ Bit <input checked="" type="checkbox"/>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Objective: Clean out Injector with Bit

- 1) MIRU Pulling Unit & Above Ground Steel Pit. 3/20/08
- 2) POOH w/ 2 3/8" IPC Tbg & 5 1/2" x 2 3/8" AD-1 Tension Packer.
- 3) RIH w/ 4 3/4" Mill Tooth Bit, 6- 3 1/2" Drill Collars on 2 7/8" work string
- 4) Clean out well to 3530'.
- 5) POOH & laid down work string, drill collars & bit.
- 6) RIH w/ 5 1/2" AD-1 Packer to 2923'; circulate Annulus w/ Inhibited Packer Fluid.
- 7) Set Packer & test Annulus to 420 psig for 30 minutes. Pull Chart for NMOCD (OCD notified, chart not witnessed). 3/27/08
- 8) Place well on injection at 260 BWPD (maximum pressure allowed- 604 psig).
- 9) RDMO Pulling Unit, clean up location, clean & dispose of pit fluids. 3/27/08

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Melanie Reyes TITLE Production Assistant DATE 4/11/08

Type or print name Melanie Reyes E-mail address: reyesm@odessa.teai.com Telephone No. (432) 580-8500

**For State Use Only**

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

*Packer should be within 100' of top perf or top of injection zone! Call 4/24/08*

