Form 3160-5 (August 2007)

## UNITED STATES OCD-HORES DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 

FORM A	APPROVED
OMB No	o 1004-013
Expires	July 31, 201

5 Lease Serial No

5**925** LC-032715

Do not use this form for proposals to drill or to abandoned well. Use Form 3160-3 (APD) for suc	re-enter an
	7 If I but of CA/Agrapment Name and/or No
SUBMIT IN TRIPLICATE – Other instructions or  1 Type of Well	NM 70926X
Oil Well Gas Well Other Injector	8 Well Name and No Cooper Jal Unit #239
2. Name of Operator  Torch Energy Services, Inc	9 API Well No 30-025-11288
3a Address 2600 W I-20 Odessa, TX 79763 3b Phone No (432)- 580-85	(include area code) 10 Field and Pool or Exploratory Area Jalmat T-Y-7Rvrs, Langlie Mattix. 7Rvrs-Q-Grayburg
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	11 Country or Parish, State
.1980 FT from North Line, 660 Feet from West Line, Section 30, Township-24	S, Range-37E, Unit E Lea County, NM
12 CHECK THE APPROPRIATE BOX(ES) TO IND	CATE NATURE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent  Acidize  Deeper Alter Casing  Fracti	re Treat Reclamation Well Integrity
✓ Subsequent Report	Construction Recomplete Other Clean out Injector w/
☐ Final Abandonment Notice ☐ Convert to Injection ☐ Plug	and Abandon remporarry Abandon
determined that the site is ready for final inspection.)  Objective: Clean out Jalmat Injector with Bit  1) MIRU Pulling Unit & Above Ground Steel Pit. 1/2/08 2) POOH w/ 2 3/8" IPC Tbg & 5 ½" x 2 3/8" Baker Model AD-1 Tension Pact 3) RIH w/ 6 1/8" Mill Tooth Bit, 6- 4 1/8" Drill Collars on 2 7/8" work string. 4) Clean out well to TD @ 3180'. 5) POOH & laid down work string, drill collars & bit. 6) RIH w/ 7" AD-1 Packer to 2626'; circulate Annulus w/ Inhibited Packer Flt 7) Set Packer & test Annulus to 420 psig for 30 minutes. Pull Chart for NMC 8) Place well on injection at 350 BWPD (maximum pressure allowed- 600 ps 9) RDMO Pulling Unit, clean up location, clean & dispose of pit fluids. 1/11/0	HOBBS OCD  iid. DCD (OCD notified, chart not witnessed). 1/11/08  sij).
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)	
Melanie Reyes	Title Production Assistant
Signature MU-1	Date 03/06/2008
THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE
Approved by  Approved by  Conditions of approval, if any, are attached Approval of this notice does not warrant or c	CT SUPERVISOR/GENERAL MANAGER DAY 0 1 2008

Title 18 U S C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

entitle the applicant to conduct operations thereon