

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

WELL API NO. 30-025-09624 /
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> /
6. State Oil & Gas Lease No. 141560
7. Lease Name or Unit Agreement Name Cooper Jal Unit /
8. Well Number 218W
9. OGRID Number 241401 /
10. Pool name or Wildcat Jalmat /

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. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Water Injector	
2. Name of Operator Torch Energy Services, Inc. /	
3. Address of Operator 2600 W. I-20, Odessa, TX 79763	
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>24</u> Township <u>24S</u> Range <u>36E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325' KB	
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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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. 3/27/07
- 2) POOH with 2 3/8" tubing & 5 1/2" x 2 3/8" AD-1 Packer.
- 3) RIH with 4 3/4" Bit, 6- 3 1/2" Drill Collars on 2 7/8" work string. Cleaned out to 3250'.
- 4) After 4 days of repeated attempts to test casing found hole in casing, top of hole @ 756'.
- 5) RIH w/ Composite Plug & set @ 2964'.
- 6) RIH w/ 3 1/2" Shoe, 3 1/2" Float, & 89 jts- 3 1/2" Liner to 2957'.
- 7) Cemented 3 1/2" Liner w/ 100 sx Class C cement, tailed with 14 sx Class C cement.
- 8) Cut & welded 3 1/2" Bell Nipple, RIH w/ Bear Claw Bit, tagged @ 2932'.
- 9) Drilled Shoe, Float Collar & Composite Plug, tagged @ 3250'.
- 10) RIH w/ 3 1/2" Arrow Set Packer on 2 3/8" tubing; circulated annulus with Packer Fluid. Set Pkr @ 2938' (OH 2991'-3250')
- 11) Tested annulus to 460 psi for 30 min. Pulled chart for OCD (OCD notified, chart not witnessed). 4/15/08
- 12) Placed well on injection @ approximately 260 bwpd (maximum pressure- 600 psi)
- 13) RDMO Pulling Unit, cleaned up location, cleaned & disposed at pit fluids. 4/16/08

R-4020

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 4/30/08

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

For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAY 23 2008
Conditions of Approval (if any):

