OPERATOR'S COPY

Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT /

FORM	APPROVED
OMB N	o. 1004-0137
Expires	July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

5 Lease Serial No. LC- 032715 6 If Indian, Allottee or Tribe Name

	form for proposals to drill or Use Form 3160-3 (APD) for s						
SUBMIT IN TRIPLICATE – Other instructions on page 2				7. If Unit of CA/Agreement, Name and/or No.			
1 Type of Well	Type of Well			NM 70926X			
Oil Well Gas Well Other Injector			8 Well	8 Well Name and No. Cooper Jal Unit #220W			
2 Name of Operator Torch Energy Services, Inc.			9. API	9. API Well No. 30-025-11162			
3a. Address 3b. Phone No. (mchide area code)			10. Fiel	10. Field and Pool or Exploratory Area			
2600 W. I-20 Odessa, TX 79763 (432)- 580-8500			Jalmai	Jalmat:T-Y-7Rvrs; Langlie Mattix: 7Rvrs-Q-Grayburg			
4. Location of Well (Footage, Sec., T. 660 FT from South L.	R.M., or Survey Description) no, 628 Feet from West Line, Section 19, Township-	Unit M	/ 11. Cou	ntry or Parish, S Lea	tate County, NM		
12. CHE	CK THE APPROPRIATE BOX(ES) TO IN	DICATE NATURE OF N	OTICE, REP	ORT OR OTHER	RDATA		
TYPE OF SUBMISSION	Achier Majority II CITA TITE II MENTER PROPERTY AND	ACTION	MG				
Notice of Intent	Acidize De	epen 🔲	Production (Start/Resun		Water Shut-Off		
	Alter Casing Fra	cture Treat	Reclamation		✓ Well Integrity		
Subsequent Report	Casing Repair Ne	w Construction	Recomplete		Other Clean o	ut Injector w/	
-		g and Abandon	Temporarily A	bandon	Bit		
Final Abandonment Notice	Convert to Injection Plu	g Back	Water Disposa	ıl	ac antoniosas	······································	
3) RIH with 4 3/4" Mill Tooth Bit 4) Cleaned out well to TD @ 36 5) POOH and LD Tubing, 6-3 6) RIH with 5 1/2" AD-1 Packer 7) Set Packer & tested Annulus 8) Placed well on injection @ 3 9) Maximum Pressure Allowed.	Ground Steel Pit. 1/22/08 g & 5 1/2" x 2 3/8" Baker Model AD-1 T t, 6- 3 1/2" Drill Collars on 2 7/8" work st 500'. 1/2" Drill Collars & Bit. to 2950'; circulated Annulus with Inhibit to 420 psi for 30 minutes. Pulled Char 50 BWPD	tring ted Packer Fluid. t for NMOCD (OCD not	tified, chart no	ot witnessed). 1		American constraints	
14 I hereby certify that the foregoing is to	rue and correct Name (Printed/Typed)		1				
Melanie Re	yes	Title	Product	ion Assistant	long		
Signature MM Z	9	Date 02/13/2008		BURYAY/CF	LACONING S		
	THIS SPACE FOR FEDE	RAL OR STATE	OFFICE U	SE	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7.55	
that the applicant holds legal or equitable trentitle the applicant to conduct operations to Title 18 U.S.C. Section 1001 and Title 43	U S.C. Section 1212, make it a crime for any p	ould Office erson knowingly and willfu	ally to make to	Date		States any false,	
fictitious or fraudulent statements or repre-	sentations as to any matter within its jurisdiction	on,		,			

