Submit 3 Copies To Appropriate District Office	ice State of New Mexico		Form C-103 June 19, 2008		
District I       Energy, Minerals and Natural Resources         1625 N. French Dr., Hobbs, NM 88240       FD         District II       OIL CONSERVATION DIVISION         1301 W. Grand Ave., Artesia, MM 88210       OIL CONSERVATION DIVISION         District III       1220 South St. Francis Dr.         1000 Rio Brazos Rd., Aztec, NM 8820       0 6 2010         1220 S. St. Francis Dr., Santa Fe, NMBBSUCD       Santa Fe, NM 87505         87505       0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			WELL API NO.		
			30-025-11147 ✓ 5. Indicate Type of Lease		
			STATE   FEE     6. State Oil & Gas Lease No.		
87505				306443	
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			8. Well Number 105		
2. Name of Operator Resaca Operating Company /			9. OGRID Number 263848		
3. Address of Operator			10. Pool name or Wildcat		
2509 Maurice Road, Odessa, TX 79763			Jalmat/Langlie Mattix		
4. Well Location					
Unit Letter <u>F</u> : 198 Section 18		<u>h</u> line and ange 37E	<u>1980</u> feet fro NMPM	/	
	levation (Show whether DR			Lea County <sup>4</sup>	
	3295' GL		l		
PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEN         DOWNHOLE COMMINGLE       COMMINGLE       CASING/CEN					
OTHER: Perform MIT to put well back on for purpose of injection $\square$ OTHER:					
<ol> <li>Describe proposed or completed op of starting any proposed work). SE or recompletion.</li> </ol>	erations. (Clearly state all p E RULE 1103. For Multip	pertinent details, an le Completions: At	d give pertinent da tach wellbore diag	ites, including estimated date gram of proposed completion	
Objective: Per	form MIT to put well back	on for purpose of in	jection.		
1)Notify OCD of MIT on well. MIRU pump 2) Test annulus to 500 psi; run chart & pull o 3) RD pump truck. Place well on injection @	chart for NMOCD; 3 1/2" An	row Set 1-X Packer and 670 psi (C-10	set @ 3326'; Top 8 approved, WFX-	Perf @ 3369' - 876).	
Condition of Approval: Notify office 24 hours prior of runnir				ection Control Progam Man	
Spud D	)a	tot		e set within or less than 10 injection perfs or open hol	
				-	
hereby certify that the information above is	The and complete to the be	est of my knowledge	e and belief.		

SIGNATURE	MA	TITLE	Engineer Assistant	DATE	11/30/10
Type or print name For State Use Only	Melanie Reyes	E-mail address:	melanie.reyes@resacaexploitat	ion.com PHONE:	<u>(432) 580-8500</u>
APPROVED BY	Ample	TITLE	STAFF NOR	DATE	12-8-10
Conditions of Approval	(af any):				

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