| Submit 3 Copies To Appropriate District | | | State of New Me | Form C-103 | | | | |
|--|----------------------------------|---|---------------------------|----------------------|--------------------------------------|---|----------------|--|
| Office District I | (TABLE) | Energy, | Minerals and Natu | ıral Resources | | | June 19, 2008 | |
| District I 1625 N. French Dr., Hobbs, NM Star CEIVED District II | | | | | WELL API NO. | | | |
| District | | | ONSERVATION | DIVISION | 30-025-09636 | | | |
| | 1001 117 01444 117 017 117 00010 | | | | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazo | os Rd., Aztec, NM 87 | 410 | | | STATE FEE S | | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | 6. State Oil & Gas Lease No. | | | |
| 87505 | | | | | | 306443 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 7. Lease Name or Unit Agreement Name | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | | Cooper Jal Unit | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | | | , | | |
| 1. Type of Well: Oil Well Gas Well Other Injector | | | | | 8. Well Number 126 | | | |
| 2. Name of Operator | | | | | 9. OGRID Number 263848 | | | |
| Resaca Operating Company | | | | |). OGIALD | 14411001 2000 | . / | |
| | | | | | 10 D 1 W/11 | | | |
| 3. Address of Operator 2509 Maurice Road, Odessa, TX 79763 | | | | | | 10. Pool name or Wildcat Jalmat; T-Y-7R: Langlie Mattix; 7R-Q-G | | |
| | | 2509 Maurice Road, | Odessa, 17 /9/03 | | Jannat, 1-1 | -/K. Langue N | Mattix, /K-Q-G | |
| 4. Well Location | | | | | | | | |
| Uni | it Letter <u>G</u> | : <u>1650</u> fee | t from the <u>Nort</u> | h line and | _ <u>2310</u> fe | et from the | East line | |
| Sec | tion 24 | Town | ship 24S Ra | inge 36E | NMPM | Lea Cou | ınty | |
| | | 11. Elevation | (Show whether DR | , RKB, RT, GR, etc., |) | | | |
| | | | 3311' GL | | | | | |
| TEMPORAR PULL OR AL | | eck Appropriate I F INTENTION T K PLUG AND A CHANGE PL MULTIPLE C | TO: ABANDON □ ANS □ | | SEQUENT K LLING OPNS | REPORT | NG CASING 🔲 | |
| OTUED | | | | 071150 01 0 | | | 5 | |
| OTHER: | •1 1 | 1 . 1 | | OTHER: Clean O | ut & Acidize II | njector | | |
| 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. | | | | | | | | |
| MIRU Pulling Unit and Above Ground Steel Pit. POOH w/ 2 3/8" IPC tubing and 2 1/16" x 3 ½" Arrow Set 1-X Packer. RIH w/ 2 ¾" Bit & PU 61 jts special clearance collars; tagged fill @ 3205'. PU Swivel & cleaned out to 3314; circulated well clean & recovered iron sulfite and scale'. Continued drilling; tagged fill @ 3537'; PU Swivel & cleaned out to 3548'; circ'd well clean & recovered iron sulfite and scale. PU 3 ½" Arrow Set 1-X, tested tubing to 6000 psi, test good Circulated annulus with inhibited packer fluid; set Packer @ 2999'(Top Perf- 3021'); Test annulus to 500 psi for 30 min. Acidized perfs 3021'- 3475' & OH 3475'-3548' w/ 330 bbls 20% 90/10 Acid, 6750# Salt. RIH w/ tbg & tested tbg to 5000 psi, test good; pressure tested annulus to 340 psi w/ Chart Recorder for 30 min., test good. Place well on Injection at approximately 300 bwpd; Maximum permitted injection pressure is 880 psig. RDMO Pulling Unit, cleaned location, cleaned and disposed of pit fluids. * MIT Chart witnessed & signed by NMOCD Representative Mark Whitaker | | | | | | | | |
| Spud Date: | . 1/1 | 10/11 | Rig Release Da | ate: | 1/18/11 | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
| r necess certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
| | 10/ | | | | | | | |
| SIGNATURE | 1/// | 1 | TITLE | Engineer Assistant | ת | ATE 1/26 | 5/11 | |
| 2.2.111010 | | | 111111 | Zugmooi /13313tallt | D | 1/20 | <u> </u> | |
| Type or print i | name M | elanie Reyes | E-mail address: | melanie.reves@resa | caexploitation | n.com PHONE | (432)580-8500 | |
| Type or print name Melanie Reyes E-mail address: melanie.reyes@resacaexploitation.com PHONE: (432)580-8500 For State Use Only | | | | | | | | |
| | | 5 / // | / .c | 111 | 7 - | , | a | |
| APPROVED BY: DATE 1-31-2011 Conditions of Approval (if any): | | | | | | | | |

