Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 3002509894

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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: J. W. Cooper

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: Texaco Producing Inc.

8. Well No. 5

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Eumont Yates 7 Rivers Queen

4. Well Location

Unit Letter G : 3641.7 Feet From The South Line and 3631.3 Feet From The West Line

Section 5 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3564' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

12. 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.

1) MIRU. Tag'd TD @ 3502'. TIH w/bit & csg scraper to 3270'.
2) TIH w/pkr & set @ 3254'. Tstd backside to 500#. O.K.
3) A/w/3000 gals 15% NEFE. Max P-1840#. AIR 8 BPM.
4) Frac Eumont OH w/40# linear gel & 17,500 gal CO_2 & 62,760# 12/20 sd. Max P-6000#. AIR 30 BPM.
5) C/O hole to 3502'. Ran tbg, pmp & rods. SN @ 3276'.
6) OPT 11/21/90, 0 BOPD, 88 BWPD, 758 MCFD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. C. Duncan TITLE Engineer's Assistant DATE 12/18/90

TYPE OR PRINT NAME M. C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 2

CONDITIONS OF APPROVAL, IF ANY: