State of New Mexico

Form C-103 Revised 1-1-89

bmIt 3 copies
Appropriate
District Office

Ename Minerals and Natural Resources Department

)istrict Office				•				
DISTRICT I		OIL CONS	ERVATION	ON DIVISION	WELL API NO.	•		
P.O. Box 1980, Hobbs, N	M 88240		P.O. Box 208		L	30 025 09557		
DISTRICT II		Santa Fe	e, New Mexico	87504-2088	5. Indicate T	ype of Lease STATE	FEE 🖂	
P.O. Box Drawer DD, Artesia, NM 88210								
DISTRICT III	NA 9741	,			6. State Oil /	Gas Lease No.		
1000 Rio Brazos Rd., Azt			ORTS ON WEL	L				
SUNDRY NOTICES AND REPORTS ON WELL (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		
Type of Well: OIL WELL	GAS WELL	OTHER	DHC Injetion W	ell				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC						8. Well No. 112		
3. Address of Operator	P.O. BOX 73	0, HOBBS, NM 8824	40		9. Pool Name LANGLI	or Wildcat IE MATTIX 7 RVRS Q GRAY	/BURG	
4. Well Location Unit Letter	<u> </u>	330 Feet F	rom The SOUT	TH Line and 990	Feet From T	The WEST Line		
Section 13		Township 24S	F	Range 36E N	MPM	LEA COUNT	Υ	
				(B, RT,GR, etc.) 3328' GL				
11.	Check A	opropriate Box t	o Indicate Na	ture of Notice, Repo	rt, or Other (Data		
NOTICE OF	INTENTIO	N TO		S	UBSEQUE	NT REPORT OF:		
	F	PLUG AND ABANDO	ом П	REMEDIAL WORK		ALTERING CASING		
PERFORM REMEDIAL WO	=	CHANGE PLANS		COMMENCE DRILLING OF	ERATION	PLUG AND ABANDONME	NT 🗍	
TEMPORARILY ABANDON	片	0,1,1102 12.110	لــا	CASING TEST AND CEME				
PULL OR ALTER CASING			' □			C w/Langlie Mattix Inj	\boxtimes	
OTHER:							torting	
12. Describe Proposed or any proposed work) \$	Completed Op SEE RULE 110	perations (Clearly s 3.	tate all pertinent	t details, and give pertine	ent dates, incid	laing estimated date of s	starting	
any proposed wom,				8				
				'	and.		•	
Objective: Perf & treat Jalr	nat, convert to c	lual DHC injector			•			
1) MIRU, installed BOP, p 2) Set RBP @ 3342', teste 3) Acidized w/4200 gal 20 4) Ran 2 3/8" injection tbg 5) Test casing/tubing annu 6) 01-19-94: Inj 394 BWP	ed plug, perf Jal % NEFE w/5 1/2" packei ulus 300# 30 mi	mat 3000-3268' 8 int set	opy on reverse)					
1L.F	x-6,49	,						
I hereby certify that the information		lete to the best of my knowled	F:	neering Assistant		DATE 3/29/94		
SIGNATURE CONTRACTOR	- Johnson	arry W. Johnson				Telephone No. 397-6	0426	
TYPE OR PRINT NAME		arry vv. outrison	·					
(This space for State Use)			ORIGINA	F 21/21AF	EXTON	MAR 9	1 1994	
ADDOOVED BY			TITIË	· 1000000 1 \$1.00000000000000000000000000		DATE THILL O	T 100 I	

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CONDITIONS OF APPROVAL, IF ANY:

Redicto-Michaels 12-93 ver 1.0

