

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30 025 09557
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cooper Jal Unit
8. Well No. 112
9. Pool name or Wildcat Langlie Mattix 7 RQG
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3337' KB

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection	
2. Name of Operator Texaco Exploration and Production Inc.	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	
4. Well Location Unit Letter M : 330 Feet From The S Line and 990 Feet From The W Line Section 13 Township 24S Range 36E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3337' KB	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Casing Integrity Test ☒

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.

04-05/09-93

- 1) Pulled injection equipment.
- 2) Cleaned well out to 3617'.
- 3) Acidized perms (3442-3617) w/4K gal 15% HCL.
- 4) Ran 2 3/8" inj tbg w/5 1/2" packer set @ 3407', test csg to 300# 30 min, held OK.
(Chart attached w/copy on reverse side)
- 5) 04-20-93 Inj 136 BWPD @ 600#.

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

SIGNATURE L.W. Johnson TITLE Engr Asst DATE 07-14-93
TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. 505-393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY JEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 19 1993

CONDITIONS OF APPROVAL, IF ANY:

