

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 3002509562
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. 141560
7. Lease Name or Unit Agreement Name Cooper Jal Unit
8. Well No. 304
9. Pool name or Wildcat Jalmat (Yates) Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3325 GL

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 ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Texaco E&P Inc.
3. Address of Operator P.O. Box 3109 Midland Texas 79702	4. Well Location Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line Section 13 Township 24S Range 36E NM PM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3325 GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data.	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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) Notify NMOCDD of intent to Plug & Abandon well.
- 2) RUWL & cut & pull 5½" csg @450'
- 3) RLH w/tub to 450' Spot 75sx cmt plug f/450'-225' WOC & TAG.
- 4) POOH spot 35sx cmt plugf/100'-Surface.
- 5) Run 1" behind 8-5/8" to top of cmt @ 100' & fill to surface w/cmt.
- 6) Dig out cellar cut off well head; cap well & install dry hole marker
- 7) Clean location rig down & move.

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

SIGNATURE RJ Hurd TITLE Operations Engineer DATE 3-20-95
TYPE OR PRINT NAME _____ TELEPHONE NO. 915-688-4816(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORAPPROVED BY _____ TITLE _____ DATE MAR 23 1995

CONDITIONS OF APPROVAL, IF ANY: