| NO. OF COPIES RECEIVED | | | Form C-103 | |
|---|---|---|---|--|
| DISTRIBUTION | | | Supersedes Old | |
| SANTAFE | NEW MEXICO OIL CON | <i>C-102 and C-103</i> Effective 1-1-65 | | |
| FILE | | | | |
| U.S.G.S. | | | 5a. Indicate Type of Lease | |
| LAND OFFICE | | | State Fee | |
| OPERATOR | | | 5. State Oil & Gas Lease No. | |
| | | | | |
| | JNDRY NOTICES AND REPORTS ON OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG PLICATION FOR PERMIT -" (FORM C-101) FOR SU | WELLS BACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.) | | |
| I. OIL SAC WELL WELL | OTHER- | | 7. Unit Agreement Name Cooper Jal Unit | |
| 2. Name of Specific Reserve Cil and Gas Company | | | 8. Farm or Lease Name Cooper Jal Unit | |
| 3. Address of Operator 201 First Saving | s Building, Midland, Texa | s 79701 | 9. Well No. J 1 5 | |
| 4. Location of Well | 900 S | 945 | 10. Field and Pool, or Wildcat Langlie Mattix | |
| | | | FROM | |
| Elast | SECTION TOWNSHIP | S (5 € €), RANGEN | MPM. () | |
| | 15. Elevation (Show whether 3327 | | 12. County Lea | |
| 16. | ook Appending Pow To Indiana |) | | |
| | eck Appropriate Box To Indicate N OF INTENTION TO: | | | |
| 1101101 | or my Environ | SUBSEQU | ENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | A DO A DO A DO A MENT | |
| | | OTHER | | |
| OTHER | | | | |
| 17 Describe Proposed or Comple | ted Operations (Clearly state all pertinent det | ails and aire partia at dates inch | | |
| work) SEE RULE 1103. | ca operations (oreart) state are periment wer | ins, and give pertinent dates, there | using estimated date of starting any proposed | |
| 1. Pull rods. | oump, and tubing. | | | |
| 2. Clean out to | - - | | | |
| | reverse drilling equipmen | t to 36501 | | |
| L | OD liner from approximat | | | |
| | | ery Eybo to Noov . | | |
| 3 | 3 | | | |
| | | | | |
| • | 7. Acidize perforations. | | | |
| | 8. Frac if necessary. | | | |
| 0. | 9. Run tubing, pump, and rods. | | | |
| 10. Conduct pro | duction test after recovery | of all load. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 18. I hereby certify that the inform | nation above is true and complete to the best of | of my knowledge and belief. | | |
| | | | | |
| SIGNED | TITLE | istrict a anager | March 5, 1975 | |
| | HILE | | DATE | |
| | (*). | | | |

D.C.

CONDITIONS OF APPROVAL, IF ANY: