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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-11135

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 141560

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: COOPER JAL UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTION

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC

8. Well No. 103

3. Address of Operator: P.O. BOX 730 HOBBS, NEW MEXICO 88240-2528

9. Pool name or Wildcat: LANGLIE MATTIX

4. Well Location

Unit Letter A : 990 Feet From The NORTH Line and 990' Feet From The EAST Line

Section 18 Township 24S Range 37E NMPM LEA County

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

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	[X]
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. SET 5½" CIBP @3350', SPOT 25 SXS CMT ON TOP TOC +-3100'
2. DISPLACE HOLE W/ MLF CONSISTING OF 25# SALT GEL P/BBL W/ 9.5# BRINE.
3. SPOT 40 SXS CMT FROM 2950-2700'
4. PERF @1350', SQZ 50 SXS CMT 5½"x8⅝ ANNULUS WOC TAG @1145'
5. SPOT 15 SXS CMT FROM 30'-SURF.
6. INSTALL DRY HOLE MARKER, CLEAN LOC. 3/14/00

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

SIGNATURE Poly Abalos TITLE VICE-PRESIDENT DATE 3/21/00

TYPE OR PRINT NAME POLY ABALOS TELEPHONE NO. (915) 683-4996

(This space for State Use)

APPROVED BY Larry W. Hill TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JC