

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. 30-025-11144
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. 119
9. Pool name or Wildcat Langlie Mattix

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 Exploration and Production, Inc.	
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240-2528	
4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>24S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3303 GR	

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: ☐

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.

- Set 5 1/2" CIBP @ +-3,300' capped with 35' CMT
- RIH with TBG. displace hole with plug mud
- Spot 40 SX plug 3,050' - 2,750'
- Perf 6 holes @ 1,250', squeeze 50 SXS CMT 5 1/2" x 8 5/8" CSG annulus
- Spot 10 SX surface plug
- install dry hole markers clean location

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12/2/99 BY 915
PLUGGING OPERATIONS FOR THE CASE
TO BE APPROVED.

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

SIGNATURE James T. Corbett TITLE ENGINEER

TYPE OR PRINT NAME JAMES T. CORBITT

DATE 12/2/99

TELEPHONE NO. 915 688-4438

(This space for State Use)

ORIGINAL SIGNED BY

DATE

REC 1 A 46067