NO. OF COPIES RECEIVED				Form C-103 Supersedes Old
D'STRIBUTION		W MEXICO OIL CONSERVAT	ION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		MEXICO OIE CONSERVAT		
U.S.G.S.				5a. Indicate Type of Lease 🗙
LAND OFFICE				State Fee
OPERATOR				5. State Oil & Gas Lease No.
(DO NOT USE THIS FOR	SUNDRY NOTICES A	AND REPORTS ON WELL OR TO DEEPEN OR PLUG BACK TO A (FORM C-101) FOR SUCH PROPO	S A DIFFERENT RESERVOIR. SALS.)	
1. OIL GAS WELL WELL	7. Unit Agreement Name Cooper Jal Unit			
² Reserve Oil and	8. Farm or Lease Name Cooper Jal Unit			
³ F'irst Savings Bu	9. Well No. 101			
-	660	North	1980	10. Field and Pool, or Wildcat Langlie Mattix
	FEET	FROM THE LINE		<i></i>
West		24-5		× ())))))))))))))))))))))))))))))))))))
	15. E	Elevation (Show whether DF, RT 3306 DF	, GR, etc.)	12 County Lea
16.	Check Appropriate	Box To Indicate Nature	of Notice, Report or (Other Data
	E OF INTENTION T			NT REPORT OF:
PERFORM REMEDIAL WORK				ALTERING CASING
			ENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON		CHANGE PLANS CASIN	G TEST CONTVET toto_W	ater Injection X

17. 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.

Injection of water into the Langlie Mattix zone of this well was authorized by NMOCC Order No. 4019.

To convert this well to water injection, the following operations were performed:

- 1. Cleaned out fill and junk to TD of 3572'.
- Ran 7¹¹ Baker Model AD-1 tension packer internally plastic coated and 107 joints internally cement lined 2 3/8¹¹ tubing. Packer set at 3312¹ with 15,000# tension (7¹¹ casing is set at 3440¹).
- 3. Placed inhibited fresh water in tubing-casing annulus.
- 4. Well is presently awaiting connection to the injection system.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
\mathcal{O}	District Manager	Αp			
SIGNED	TITLE	DATE			

Apri	121,	1976
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2.6 1076

Jarry Series

Orig. Stand by

TITLE ____

CONDITIONS OF APPROVAL, IF ANY:



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