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.
30-025-11146

5. Indicate Type of Lease STATE ☐ 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

2. Name of Operator
Texaco Exploration and Production, Inc.

8. Well No.
155

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 D : 660 Feet From The North Line and 660 Feet From The West 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	☐
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 7" CIBP @+-3,400', capped with 20' CMT
2. RIH with TBG. displace hole with plug mud
3. Perf 6 holes @3,000', squeeze 75 SXS CMT 7" x 9 5/8" CSG annulus. If injection is not established spot 50 SX plug 3,000' - 2,700'
4. Perf 6 holes @ 1,350', squeeze 30 SXS CMT 7" x 9 5/8" CSG annulus
5. Spot 10 SX surface plug
6. Install dry hole marker, clean location

SEE COND[illegible] MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS MAY BE CONDUCTED
TO BE APPROVED.

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

SIGNATURE Jan T. Corbitt TITLE ENGINEER DATE 12/2/99

TYPE OR PRINT NAME JAMES T. CORBITT TELEPHONE NO. 915 688-4438

(This space for State Use)

APPROVED BY

DEC 2 1999