

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 IV
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-11147
3. 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. 105
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 & PRODUCTION INC
3. Address of Operator P.O. Box 730 HOBBS, NEW MEXICO 88240-2528	4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 18 Township 24S Range 37E NMFM LEA County
10. Elevation (Show whether DV, RKB, RT, GR, etc.) 3304	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

1. SET 5 1/2" CIBP @ 3400', CAPPED W/ 25 SX PLUG ON TOP.
2. DISPLACE SALT GEL MUD CONSISTING 9.5# BEINE W/ 25# GEL PER BARREL.
3. SPOT 25 SX PLUG 3000' - 2750'
4. PERFORATE 6 HOLES @ 1360', SQUEEZE 50 SXS CMT 5 1/2 x 8 5/8" CSG ANNULUS, TAG PLUG @ 1150'.
5. SPOT 15 SX SURFACE PLUG.
6. INSTALL DRY HOLE MARKER, CLEAN LOC.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

per Poly 2/24/00

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

SIGNATURE Harry W. Wink

TITLE Vice-President

DATE 2/24/00

TYPE OR PRINT NAME

GARY W. WINK

FEB 26 2003

(This space for State Use) FIELD REPRESENTATIVE II/STAFF MANAGER