## State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 copie to Appropriate District Office
<u>DISTRICT I</u>
P.O. Box 198
DISTRICT II
P.O. Box Dra

ISTRI <u>CT I</u>	OII CONSEDV	ATION DIVISION	WELL API NO.
.O. Box 1980, Hobbs, NM 88240			3002511153
ISTRICT II		ox 2088	5. Indicate Type of Lease
O. Box Drawer DD, Artesia, NM 88	Santa Fe, New I	Mexico 87504-2088	EPOPCAL STATE   FEE
ISTRICT III			6. State Oil / Gas Lease No.
000 Rio Brazos Rd., Aztec, NM 874			NM 0321613
SUNDRY NOTICES AND REPORTS ON WELL  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7 Leggo Name, or Unit Agreement Name
			7. Lease Name or Unit Agreement Name COOPER JAL UNIT
(FORM	M C-101) FOR SUCH PROPOS	ALS.)	- COOL FLY DUE OF ALL
. Type of Well: OIL GA	AS O OTHER INJECT	TION	
Name of Operator			8. Well No.
TEXACO EXPLORATION & PRODUCTION INC.			
. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat  LANGLIE MATTIX 7 RVRS Q GRAYBURG
. Well Location			
Unit LetterC:	660 Feet From The	NORTH Line and 1917	Feet From The <u>WEST</u> Line
	Township24S	Range <u>37E</u> Ni	MPM LEA COUNTY
Section 19			
	10. Elevation (Show whether	er DF, RKB, RT,GR, etc.)	
1. Check	Appropriate Box to Indica	ate Nature of Notice, Repo	rt, or Other Data
		1	UBSEQUENT REPORT OF:
NOTICE OF INTENT		☐ REMEDIAL WORK	☐ ALTERING CASING ☐
PERFORM REMEDIAL WORK	PLUG AND ABANDON	_	
TEMPORARILY ABANDON	CHANGE PLANS	<del>-</del>	
PULL OR ALTER CASING		CASING TEST AND CEME	Request TA Status
OTHER:		OTHER:	noquest in others
4-05-99: MIRU. UNFLANGE WELL & 4-06-99: TIH W/BIT & SCFAPER ON CSG W/500 PSI FOR 30 MIN. CIRC H PLUG @ 3225'. 4-07-99: ND BOP & FLANGE UP WH {ORIGINAL CHART & COPY OF CHATEMPORARILY ABANDONED.	110 JTS 2 3/8" WS TO 3380'. 1 HLE W/PKR FLUID & TOH LD 1 H. RIG DOWN.	TOH W/BIT & SCRAPER. TIH W/9	CIBP & SET @ 3260'. LOAD CSG & CHART TEST TON PLUG VIA SANDLINE BAILER. TOP OF
I hereby certify that the information above is true and o	complete to the best of my knowledge and belie	f. (	
SIGNATURE JOUNSE	Slake TITLE	Engineering Assistant	DATE 4/13/99
TYPE OR PRINT NAME	J. Denise Leake	1	Telephone No. 397-0405
	YUSY		
(This space for State Use)	TITLE		DATE
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	11166_		
- , , , , , , , , , , , , , , , , , , ,			DeSoto/Nichols 12-93 ver 1.0

ICOSN

