Form 3160-5 (June 1990)

UNLIED STATES. DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

EAD	Comparation Assessment	,
ΓŲΝ	ייים בייים ביים בייים בי	

Budget Bureau No. 1004-0135

	Expires:	March 31, 1993	
 			_

SUNDRY NOTICES AND REPORTS ON WELLS	S. Lease De
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	<u> </u>

Use "APPLICATION FOR PERMIT —" for such proposals

5. Lease Designation and Serial No.
NM 0321613
6. If Indian, Alottee or Tribe Name

SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well: OIL GAS OTHER INJECTION	8. Well Name and Number COOPER JAL UNIT
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC	124
3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426	9. API Well No. 30 025 11153
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter C: 660 Feet From The NORTH Line and 1917 Feet From The	10. Field and Pool, Exploaratory Area LANGLIE MATTIX 7 RVRS Q GRAYBURG
WEST Line Section 19 Township 24S Range 37E	11. County or Parish, State LEA , NEW MEXICO
2. Check Appropriate Boy(s) To Indicate Nature of Notice B	anort or Other Date

TYPE OF SUBMISSION	TYPE OF	ACTION
 Notice of Intent Subsequent Report Final Abandonment Notice 	Abandonment Recompletion Plugging Back Casing Repair Attering Casing OTHER: Casing Integrity Test	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

Objective: Clean well out to bottom perfs, change out injection tubing

- 1) MIRU, install BOP
- 2) Clean out 5 1/2" casing to 3508' (perfs 3380-3470') w/ 4 3/4" bit
- 3) Ran new 2 3/8" cement lined injection tubing w/ 5 1/2" packer set @ 3261'
- 4) Test casing/tubing annulus 500# 30 min (Chart to NMOCD, copy on reverse)
- 5) 03/20/94: Inj 502 BWPD @ Vacuum

SIGNATURE		neering Assistant	DATE	5/10/94
TYPE OR PRINT NAME	Larry W. Johnson			
(This space for Federal or State office use) APPROVED BY FOR RECORD GINLY CONDITIONS OF APPROVAL, IF ANY:		DATE MAY 1 1 1994		

^{13.} Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work,}*.

RECEIVED

MAY L 0 1994

OFFICE

