

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on Form 3160-5)

Expires August 31, 1985

1. LEASE IDENTIFICATION AND SERIAL NO.

NM-12612

2. IF NECESSARY, ILLUSTRATE ON SEPARATE SHEET

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME Cooper-Jal Unit
2. NAME OF OPERATOR Texaco Producing Inc. (505) 394-2585	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 728 Hobbs, NM 88240	9. WELL NO. 208
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Jalmat Tansill Yates 7R
11. 2310' FNL & 1650' FWL of Section 19	11. SEC. T. R. M. OR R.M. AND SURVEY OR AREA 19-245-37E
12. PERMIT NO.	12. COUNTY OR PARISH Lea
13. ELEVATIONS (Show whether M, H, or G.M.) 3301' DF	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other) Test casing & set CIAP

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)

8/6/88 Pulled production equipment. Cleaned out to 3169' TD. Set 7" CIAP @ 2854' w/23' cement cap. Located leaking casing at 734' to surface with tubing & packer. Reson production equipment and SI well pending casing repair.

18. I hereby certify that the foregoing is true and correct

SIGNED:

KEL Johnson

TITLE

AREA SUPERINTENDENT

DATE

SEP 22 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS