

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. STATE COMMISSION
P. O. BOX 1080
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0113
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

NM-032715

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" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Cooper Jal Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
Texaco Producing Inc.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	9. WELL NO.
P. O. Box 728, Hobbs, NM 88240	133
Unit Letter K, 1980 feet from the south line and 1917 feet from the west line	10. FIELD AND POOL OR WILDCAT
	Langlie Mattix Seven
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
n/a	Rivers Queen
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
3295 DF	13. STATE
	Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Other) Repair casing leak X

(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.)

- 1) MIRU. Pull 2 3/8" I.P.C. tubing, Install BOP.
- 2) TIH with workstring, packer and CIBP and locate leak; set CIBP @ 3000'±.
- 3) Establish an injection rate out of the 5½" casing using produced water if possible. POH.
- 4) TIH with 5½ cement retainer and set the retainer above the casing leak.
- 5) Squeeze the casing leak with 300 sx of class H cement.
- 6) Pull out of the retainer and reverse out excess cement.
- 7) POH and WOC.
- 8) TIH with workstring and 4 3/4" bit and drill out retainer and cement to the CIBP.
- 9) Test casing and resqueeze if necessary.
- 10) Drill out the CIBP and tag fill (c/o FIU to TD if 3680') POH
- 11) Test workstring and packer and TIH set packer at 3288'.
- 12) Acidize Langlie Mattix open hole (3320'-3680') with 5,000 gal 20% HCL NEFE with rock salt as a diverting agent. TOH.
- 13) TIH and set BP at 3288'.
- 14) Test workstring and packer and TIH set packer at 3050'.
- 15) Acidize Jalmat perforations (3060'-3278') 309 shots with 5000 gal 20% HCL NEFE using rock salt as a diverting agent.
- 16) TOH with packer and BP.
- 17) Run dual injection string with bottom packer at 3288' and top packer at 2977'. Place well on injection.

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

SIGNED W. B. C. C.

TITLE Dist. Oper. Mgr.

DATE 01/20/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-3-86

Subject to
Like Approval

*See Instructions on Reverse Side