

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☒ OTHER DHC Injection well  
2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC  
3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426  
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter E : 2310 Feet From The N Line and 330 Feet From The  
W Line Section 19 Township 24S Range 37E

5. Lease Designation and Serial No.  
NM 12612  
6. If Indian, Alottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and Number  
COOPER JAL UNIT  
207  
9. API Well No.  
3002511166  
10. Field and Pool, Exploratory Area  
Jalmat / Langlie Mattix  
11. County or Parish, State  
LEA , NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attering Casing
	<input checked="" type="checkbox"/> OTHER: Change Well Number to 147
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

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.)\*

Objective: Assignment of single well number to well currently assigned two numbers

The subject well was a dual completion originally numbered with two separate numbers when unitized. The numbers were to indicate completion intervals- I.E. : 100 series = Langlie Mattix Oil; 200 series = Jalmat Oil; 300 series = Jalmat Gas. These separate numbers are no longer required, with only the 100 series to be utilized in the future.

Request Cooper Jal Unit Well #207 number be assigned to existing Cooper Jal Unit Well #147 (as a DHC Langlie Mattix/Jalmat injection well)

Subject well will be referred to as Cooper Jal Unit #147 from this date forward.

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

SIGNATURE Larry W. Johnson TITLE Engineering Assistant DATE 8/18/94

TYPE OR PRINT NAME Larry W. Johnson

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.