

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U. S. DEPT. OF THE INTERIOR
P. O. BOX 1080
HOBBS, NEW MEXICO 88240

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

5. Lease Designation and Serial No.
LC 032592 *B*

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
COOPER JAL UNIT

8. Well Name and No.
COOPER JAL UNIT #141

9. API Well No.
30-025-11292

10. Field and Pool, or Exploratory Area
LANGLIE MATTIX 7RQG

11. County or Parish, State
LEA

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 **INJECTION WELL**

2. Name of Operator
Texaco Exploration and Production Inc.

3. Address and Telephone No.
P.O. Box 730, Hobbs, NM 88240 505 393 7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**UNIT D, 330'FNL & 330'FWL
SEC 30 T-24-S, R-37-E**

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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<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.)*

- 1) AWAITING NMOCD RULING ON CERTIFICATION FOR ENHANCED RECEVERY PROJECT.
- 2) RIG UP, INSTALL BOP, ENVIRO-PAK.
- 3) PULL INJECTION EQUIPMENT.
- 4) SET CIPB @ 3400' (CSG SHOE @ 3410'). CAP W/ 35' CMT. PBTD @ 3365'.
- 6) SELECTIVELY PERFORATE JALMAT 2970' - 3330'.
- 7) FRACTURE STIMULATE JALMAT PERFS 2970' - 3330'.
- 8) PLACE WELL ON PRODUCTION.

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

Signed Michael A. [Signature] Title PRODUCTION ENGINEER Date 07/22/93

(This space for Federal or State office use)

Approved by (Signature) FOR G. FARA Title DEPARTMENTAL REPRESENTATIVE Date AUG 6 - 1993
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.

*See instruction on Reverse Side