Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002511613

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: South Langlie Jal Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator: Texaco Producing Inc

8. Well No. 24

3. Address of Operator: P.O. Box 730 Hobbs, New Mexico 88240

9. Pool name or Wildcat: Jalmat Tansill Yates 7 R

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1650 Feet From The East Line

Section 18 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3098' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Casing Test	☐		

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

1) 07-30-90 - Pld injection string to repair tbg leak. Ran casing scraper to 3120'.
2) Ran 2-3/8" cmt lined tbg. Set 7" pkr @ 3009' w/inhibited fld in annulus.
3) Press annulus to 340# for 30 mins. Held O.K.
4) Resumed injection.

(Chart on reverse)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

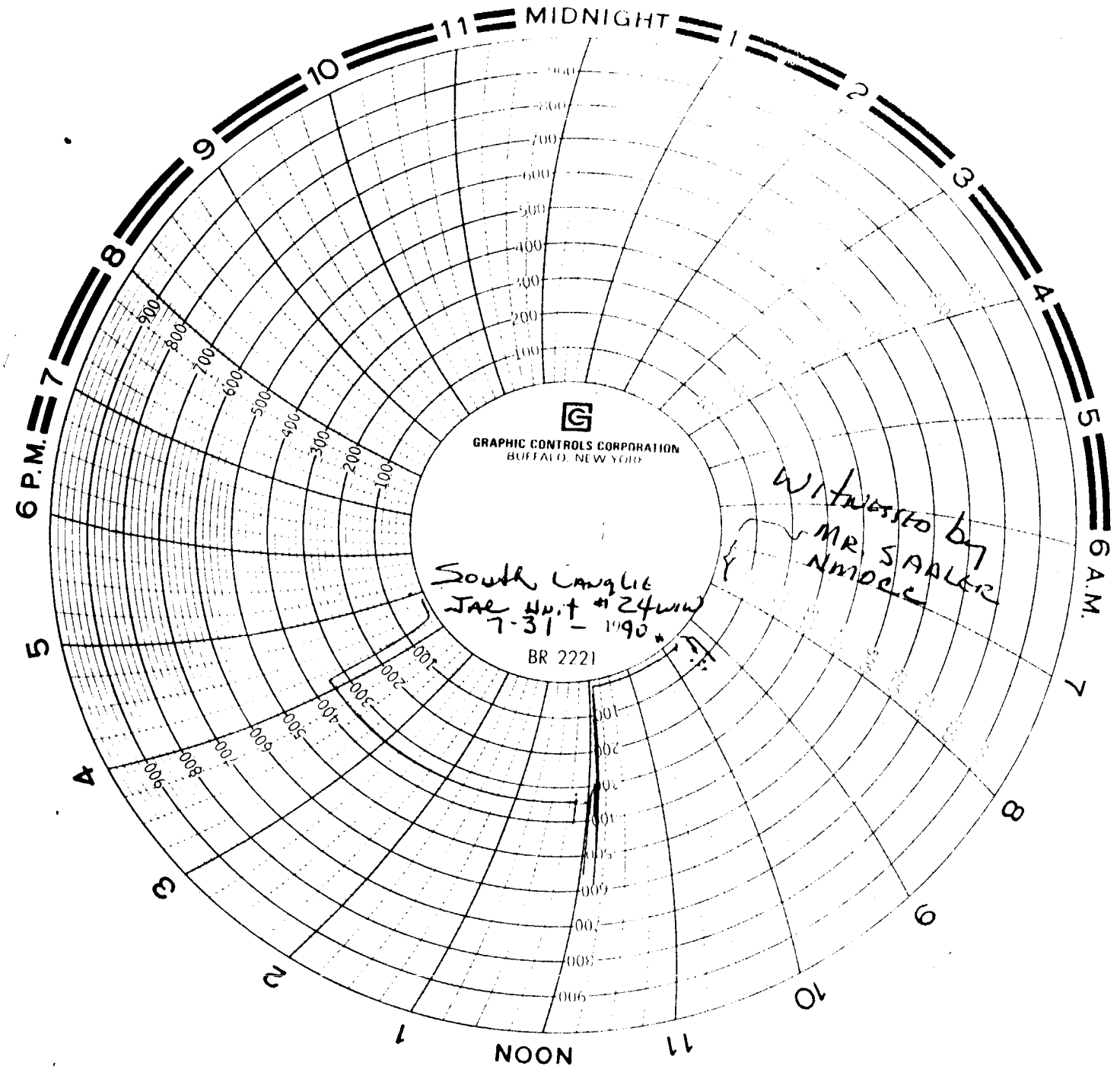
SIGNATURE [signature] TITLE Engr. Asst. DATE 09/10/90

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY [illegible] BERRY SEXTON SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:


MIDNIGHT
NOON
6 P.M.
6 A.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
South Langlie
Jal Unit #24WIW
7-31 - 1990
BR 2221
Witnessed by
Mr. Sadler
NMOCD