

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. 30-025-11614
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Langlie Jal Unit
8. Well No. 16
9. Pool name or Wildcat Jalmat-Tansill-Yates-Seven Rvrs

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well	
2. Name of Operator Texaco Producing Inc.	
3. Address of Operator P.O. Box 730, Hobbs, NM 88240	
4. Well Location Unit Letter G : 2310 Feet From The North Line and 1980 Feet From The East Line Section 18 Township 25-S Range 37-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3105' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Alter Injection Interval ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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) MIRU. Install BOP. Release packer. POH.
- 2) TIH w/RBP, packer and workstring. Isolate casing leak in Seven Rivers formation at 3046-3080'. POH.
- 3) Run injection packer and tubing. Set packer @ 2975'. Pressure test annulus. Resume injection into Jalmat-Tansill-Yates-Seven Rivers interval at 3046-3350'. Previous injection interval 3237-3350'.

Verbal approval for this work was received from Mr. Jerry Sexton by telephone 11-20-89.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 11/20/89  
TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 27 1989

RECEIVED

NOV 27 1989

CCO  
HOBBS DEPT