Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 3002511618

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

2. Name of Operator: Texaco Producing Inc

8. Well No. 12

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

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

4. Well Location
Unit Letter 8 : 990 Feet From The North Line and 2310 Feet From The East Line

Section 18 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3116' GR

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:	☐		

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) Set 5-1/2" cmt rtnr @ 3099'. Sqz w/1500 gals Howco Flocheck & 150 sx Cl C cmt in 3 eq stgs. Max P-1400# @ 4 BPM. (Sqz OH 3255-3342')
2) WOC 24 hrs. Tag'd cmt top @ 3078'. C/O to cmt rtnr @ 3099'. Test csg 500# for 15 mins. Held O.K.
3) DOC 3099-3245'. (5-1/2" set @ 3255') Test csg to 550#. Held O.K.
4) DOC 3245-3345'. Drill 4-3/4" new hole 3345-3439'.
5) Treat new pay w/3000 gals 15% NEFE acid. Max P-400# @ 3 BPM.
6) Placed on prod. 08/09/90.
7) OPT 08/27/90, P/3 BO, 52 BW, 0.3 MCF gas. GOR-100.

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

SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 9-6-90

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: