

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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

3002532268

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

LC-032715

7. Lease Name or Unit Agreement Name

COOPER JAL UNIT

8. Well No.

401

9. Pool Name or Wildcat

LANGLIE MATTIX/JALMAT

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter L : 2400 Feet From The S Line and 1130 Feet From The W Line
Section 19 Township 24S Range 37E NMPM Lea COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3287, KB-3297

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ SONIC HAMMER, SCALE SQUEEZE

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.

6-05-00: UNSEAT TAC. NUBOP..

6-06-00: INSTL NEW TBG LINE. TIH W/SONIC HAMMER TOOLS. PUMP 18 BWS. TBG PLGD.RAN TBG BACK IN. PUMP 300 GALS ACID. ACIDIZE 4000 GALS 15% ACID. SCALE SQZ W/SONIC HAMMER.

6-07-00: TIH W/RDS & PMP 150 GALS ACID TO CLN RDS. TIH W/PROD STRING. NDBOP. FLANGE WELL DN.

6-08-00: RIG DOWN. CLN LOCATION.

6-29-00: ON 24 HR OPT. PUMPED 31 BO, 84 BW, & 18 MCF. FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 8/23/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE