

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

LEASE DESIGNATION AND SERIAL NO.
LC-032715

IF INDIAN ALLOTTEE OR TRIBE NAME
NO. 33, NEW MEXICO 38240

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-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME COOPER JAL UNIT
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 150' FNL & 100' FWL, UNIT LETTER D.	9. WELL NO. 403
	10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX SR-QN
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19, T-24-S, R-37-E
14. PERMIT NO. API #30 025 32286	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3308', KB-3318'
	12. COUNTY OR PARISH LEA
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) PRODUCTION CASING <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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. DRILLED TO 2995'. CORED 2995'-3055', REC. 60'. CORED 3055'-3115', REC. 60'. CORED 3115'-3175', REC. 60'. CORED 3175'-3235', REC. 60'. DRILLED TO 3750'. TD @ 10:30 AM 11-20-93.
2. HLS RAN GR-DSN-SDL-CSNG, GR-DLL-MSFL, GR-FWS FROM 3749' TO 2700'. PULLED GR-DSN TO 100'.
3. RAN 87 JTS OF 5 1/2, 15.5#, WC-50, LTC CASING SET @ 3750'. RAN 10 CENTRALIZERS.
4. DOWELL CEMENTED WITH 600 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE @ 12.8PPG, F/B 350 SACKS CLASS H w/ 1% CACL2 @ 15.6PPG. PLUG DOWN @ 10:30 AM 11-21-93. CIRCULATED 165 SACKS.
5. ND. RELEASE RIG @ 3:30 PM 11-21-93.
6. PREP TO COMPLETE.

ACCEPTED FOR RECORD
(OILG. SGD.) DAVID R. GLASS
NOV 23 1993
CARLSBAD, NEW MEXICO

RECEIVED
NOV 23 11 52 AM '93
CARLSBAD, NEW MEXICO

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

SIGNED <u>C. P. Basham/cwh</u>	TITLE <u>DRILLING OPERATIONS MANAGER</u>	DATE <u>11-22-93</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side