

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.  
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

LC-032715

**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.)

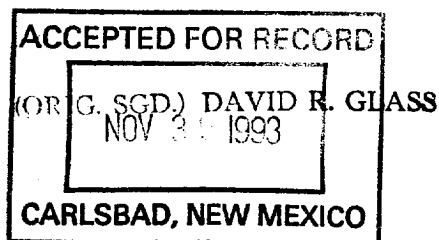
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME COOPER JAL UNIT
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620	9. WELL NO. 403
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.		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX SR-ON
		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) SPUD & SURFACE CASING <input 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. ROD RIC RIG #3 SPUD 12 1/4 HOLE @ 1:30 PM 11-13-93. DRILLED TO 400'. TD @ 3:45 PM 11-13-93.  
2. RAN 10 JTS OF 8 5/8, 24#, WC-50, STC CASING SET @ 400'. RAN 8 CENTRALIZERS.  
3. DOWELL CEMENTED WITH 250 SACKS CLASS C w/ 2% CACL2 @ 14.8 PPG. PLUG DOWN @ 6:30 PM 11-13-93. CIRCULATED 98 SACKS.  
4. NU BOP AND TESTED TO 500#.  
5. TESTED CASING TO 500# FOR 30 MINUTES FROM 7:30 AM TO 8:00 AM 11-14-93.  
6. WOC TIME 13 HOURS FROM 6:30 PM 11-13-93 TO 7:30 AM 11-14-93.  
7. DRILLING 7 7/8 HOLE.



RECEIVED  
NOV 16 11 23 AM '93  
CARLSBAD AREA  
BLM

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

SIGNED C. P. Basham/cwt TITLE DRILLING OPERATIONS MANAGER DATE 11-15-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side