

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-QN	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19, T-24-S, R-37-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3308'	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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) SET SHALLOW SURFACE CASING <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

CHANGE SURFACE CASING SETTING DEPTH AND CEMENT PROGRAM:

SET 8 5/8, 24#, WC-50, STC CASING AT 400'. CEMENT TO SURFACE WITH 250 SACKS CLASS C WITH 2% CACL2 (14.8PPG, 1.32 cf/s, 6.3gw/s).

PRODUCTION CASING SET AT 3750'. CEMENT TO SURFACE WITH 600 SACKS 35/65 POZ H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8PPG, 1.94cf/s, 10.4gw/s). F/B 350 SACKS CLASS H (15.6PPG, 1.18cf/s, 5.2gw/s).

THIS CHANGE WAS VERBALLY APPROVED BY Mr. SHANNON SHAW ON 10-29-93.

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

SIGNED C.P. Basham / cwa TITLE DRILLING OPERATIONS MANAGER DATE 10-29-93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side