## Submit 3 copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

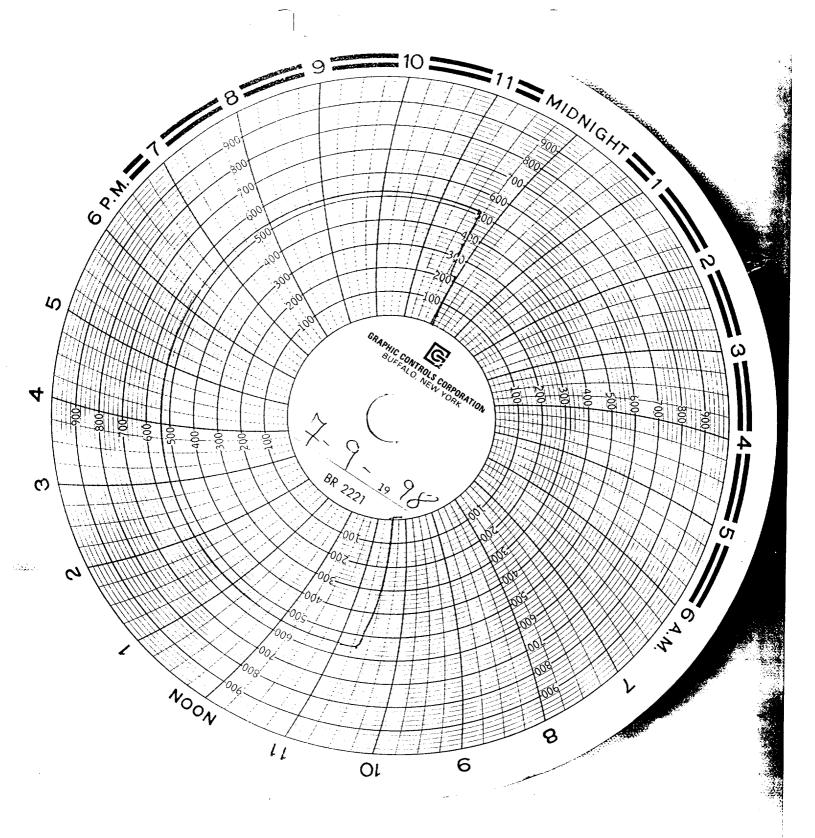
Form C-103 Revised 1-1-8

DeSoto/Nichols 12-93 ver 1.0

1000

| District Office  | Revised 1-1-89                          |
|--|---|
| OIL CONSERVATION DIVISION  | WELL API NO.                            |
| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088   | 3002509624                              |
| DISTRICT II Santa Fo. New Maxico 87504 2088  |   |
| P.O. Box Drawer DD, Artesia, NM 88210  | 5. Indicate Type of Lease STATE FEE S   |
| DISTRICT III   | 6. State Oil / Gas Lease No.            |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | 141560                                  |
| SUNDRY NOTICES AND REPORTS ON WELL   |   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  | 7. Lease Name or Unit Agreement Name    |
| (FORM C-101) FOR SUCH PROPOSALS.)  | COOPER JAL UNIT                         |
| 1. Type of Well: OIL GAS OTHER Injection   |   |
| Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.  | 8. Well No. 218                         |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240  | 9. Pool Name or Wildcat                 |
| 4. Well Location   | JALMAT TANSILL YATES SEVEN RIVERS       |
| Unit Letter O : 330 Feet From The SOUTH Line and 1650  | Feet From TheEASTLine                   |
| Section 24 Township 24S Range 36E NN   | MPMLEA_ COUNTY                          |
| 10. Elevation (Show whether DF, RKB, RT,GR, etc.)  |   |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report   | t, or Other Data                        |
| NOTICE OF INTENTION TO: SL   | JBSEQUENT REPORT OF:                    |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   |   |
| The state of the s |   |
|  |   |
| PULL OR ALTER CASING CASING TEST AND CEMEN   |   |
| OTHER: OTHER:  | MECHANICAL INTEGRITY TEST               |
| 7-09-98  1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 2893' AS PER NMOCD ( 2. RETURNED TO INJECTION.  (ORIGINAL CHART ATTACHED AND COPY OF CHART ON BACK)  (INTERNAL TEPI STATUS: INJ)   | GUIDELINES TO 500# FOR 30 MIN. HELD OK. |
|  |   |
| I hereby certify that the information above is true and complete to the sixt or my knowledge and belief.   |   |
| SIGNATURE & MUSE VALLE Engineering Assistant   | DATE 7/13/98                            |
| TYPE OR PRINT NAME J. Denise Leake   | Telephone No. 397-0405                  |
| (This space for State Use) ORIGINAL SIGNED BY  | Proc.                                   |
| APPROVED BYTITLE   | DATE                                    |
| CONDITIONS OF APPROVAL, IF ANY:  | UATE                                    |





Janes C. Jerrans.
Unit#43 TEXACO E : P INC. Cooper Jal Unix # 218 OFFEN HOLE 2991-3250 51/2 Baker LOC-SET @ 2893. TEXACO Supervision Tom DE bastain