

Submit 3 Copies To Appropriate District  
Office  
**District I**  
1625 N. French Dr., Hobbs, NM 88240  
**District II**  
811 South First, Artesia, NM 88210  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV**  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

|   |
|---|
| WELL API NO.<br>30-025-09627  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name:<br><br>Cooper Jal Unit  |
| 8. Well No.<br>152  |
| 9. Pool name or Wildcat<br>Langlie<br>Mattix 7 Rvrs O Grayburg                                      |

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" (FORM C-101) FOR SUCH  
PROPOSALS.)

|  |  |
|--|--|
| 1. Type of Well:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other   | 7. Lease Name or Unit Agreement Name:<br><br>Cooper Jal Unit   |
| 2. Name of Operator<br>Texaco Exploration & Production, Inc.   | 8. Well No.<br>152   |
| 3. Address of Operator<br>P. O. Box 3109, Midland, TX 79702  | 9. Pool name or Wildcat<br>Langlie<br>Mattix 7 Rvrs O Grayburg |
| 4. Well Location<br><br>Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line<br><br>Section <u>24</u> Township <u>24-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County |  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

|  |  |
|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPLETION <input type="checkbox"/>         |
| OTHER: <input type="checkbox"/>                |  |

SUBSEQUENT REPORT OF:

|   |   |
|---|---|
| REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> |   |
| OTHER: <input type="checkbox"/>                     |   |

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. Set 7" CIBP @ 3400', (Langlie Mattix) Spot 40 Sx plug 3400-3200 Tag
2. Displace hole w/MLF 9.5# Brine w/25# gel P/BBL
3. Spot 60 Sx plug 3000-2700 (Yates) WOC Tag
4. Perf 6 holes @ 1500', Sqz 75 Sx 1500-1200 (T-Salt 9 5/8" Shoe) WOC Tag
5. 10 Sx plug 10'-Surf. Install dry hole marker.

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

SIGNATURE J. T. Corbett TITLE FACILITY ENG DATE 11/1/00  
Type or print name JAMES T. CORBITT Telephone No. 915 688-4436  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 08 2000  
Conditions of approval, if any:

ml

