Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, ...erals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells) 30 - 025 - 09640

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: RECOMPLETE TO JALMAT; PRODUCER

DRILL ☐ RE-ENTER ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: COOPER JAL UNIT

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

8. Well No. 136

3. Address of Operator: P.O. BOX 730, HOBBS, NM 88240

9. Pool name or Wildcat: JALMAT

4. Well Location
Unit Letter P : 990 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 24 Township 24S Range 36E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
3415'	JALMAT	---

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3298'	---	---	09/01/93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	28#	280'	150sx	CIRC.
7-7/8"	5-1/2"	14#	3465'	300sx	1885'
4-3/4"	OPENHOLE	---	3465'-3540'	---	---

1) AWAITING NMOCD RULING ON CERTIFICATION FOR ENHANCED RECOVERY PROJECT.
2) RIG UP, INSTALL BOP.
3) PULL INJECTION EQUIPMENT.
4) SET CIBP @ 3450'. CAP W/ 35' CMT. (PBTD @ 3415').
5) SELECTIVELY PERFORATE JALMAT 3010'-3300'.
6) FRACTURE STIMULATE JALMAT (3010'-3300').
7) INSTALL PRODUCTION TBG.
8) PLACE WELL ON PRODUCTION.

OK KK

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE /Michael C. Alexander/ TITLE PRODUCTION ENGINEER DATE 07/29/93

TYPE OR PRINT NAME MICHAEL C. ALEXANDER TELEPHONE NO. (505) 393-7191

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE AUG 03 1993

CONDITIONS OF APPROVAL, IF ANY: