

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 09641
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	COOPER JAL UNIT
8. Well No.	135
9. Pool Name or Wildcat	JALMAT TANSILL YATES SEVEN RIVERS
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3318 KB

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

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER DHC Injector

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter O : 990 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 24 Township 24S Range 36E NMPM LEA COUNTY

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: PERFORMED MIT & RETURNED TO INJECTION ☒

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.

4-07-98

1. NOTIFIED NMOC. TESTED CSG FROM SURFACE TO PACKER SET @ 2956' AS PER NMOC GUIDELINES TO 500# FOR 30 MINS. HELD OK.
2. RETURNED TO INJECTION.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 4/27/98

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) APPROVED BY DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

