

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.	3002509645
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.	121
9. Pool Name or Wildcat	LANGLIE MATTIX & JALMAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDY 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 ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter B ; 990 Feet From The NORTH Line and 1650 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: ☐

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.

12-29-97: MIRU. UNSEAT PUMP. BLED OFF CSG & NDWH & NUBOP. REL TAC. TIH W/BIT & SCRAPER & 110 JTS TBG TO 3466.88'.
12-30-97: SET CIBP @ 3400' & DUMP 35' CMT ON TOP OF PLUG. PBTD IS 3365'.
12-31-97: BLED WELL OFF. TIH W/MUD JOINT, TBG, TAC. NDBOP. SET TAC W/15 PTS. NUWH. SN @ 3287'. TAC @ 2994'. BTM OF MUD JT @ 3313'. TIH W/PMP W/GAS ANCHOR & RIGHT HAND RELEASE, SNKR BARS, & RDS. HANG ON & RESPACE PUMP. LOAD & TEST W/500 PSI. RD.
1-3 THRU 2-28-98: TESTING
2-28-98: ON 24 HR OPT. PUMPED 14 BO, 26 BW, & 9 MCF.
FINAL REPORT

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 3/2/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: