

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

WELL API NO. 30 025 09646
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. 224
9. Pool name or Wildcat Jalmat Tansill Yates 7 Rvs
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3309' DF

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:  
OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator  
Texaco Exploration and Production Inc.

3. Address of Operator  
P. O. Box 730 Hobbs, NM 88240

4. Well Location  
Unit Letter C : 330 Feet From The N Line and 2310 Feet From The W Line  
Section 25 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input checked="" 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.

07-08/14-93

- 1) Pulled injection equipment.
- 2) Cleaned well out to 3235'.
- 3) Acidized perms/OH (2970-3230) w/4200 gal 15% NEFE.
- 4) Ran 2 3/8' cement lined inj tbg w/5 1/2" packer set @ 2881', test csg to 300# 30 min, held OK.  
Test witnessed by Mr Charlie Perrin w/NMOCD. (Chart attached w/copy on reverse side)
- 5) 07-30-93: Inj 168 BWPD @ 680#.

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

SIGNATURE L.W. Johnson TITLE Engr Asst DATE 10-17-93

TYPE OR PRINT NAME L.W. Johnson

TELEPHONE NO. 505-393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 20 1993

CONDITIONS OF APPROVAL, IF ANY:

