Submit 3 Copies to Appropriate District Office

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, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-99052

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Cooper Jal Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Texaco Producing Inc. (505) 394-2585

8. Well No. 223

3. Address of Operator: P.O. Box 728 Hobbs, NM 88240

9. Pool name or Wildcat: Jalmat Tansill Yates 7R

4. Well Location

Unit Letter D : 330 Feet From The North Line and 990 Feet From The West Line

Section 25 Township 24S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3310' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

3/28+29/89 Cleaned out fill from openhole 3058' to 3188'.
3/30/89 Acidized 4¾" openhole 2950' to 3188' w/ 2500 gal. 15% NEFE acid in 3 stages using two 750 lb. rock salt blocks.
3/31/89 Ran production equipment and pumped to test.
4/13/89 24 Hour Test: 28 BOPD, 44 BWPD, 507 GOR Pumping

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

SIGNATURE Kent L. Johnson TITLE AREA SUPERINTENDENT DATE APR 14 1989

TYPE OR PRINT NAME K.L. Johnson TELEPHONE NO. 394-2585

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE APR 17 1989

CONDITIONS OF APPROVAL, IF ANY: