Submit 3 Copies To Appropriate District Office	State of Inem Mexico			Form C-103 Revised March 25, 1999		
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.			
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-09649			
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease			
District IV Santa Fe, NM 87505			STATE [6. State Oil & O	FEE X		
2040 South Pacheco, Santa Fe, NM 87505				o. State Off & C	TAS Lease MO.	
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 XX Gas Well Other				7. Lease Name or Unit Agreement Name: Cooper Jal Unit		
2. Name of Operator				8. Well No.		
Texaco Exploration & Production, Inc. 3. Address of Operator				230		
P. O. Box 3109, Midland, TX 79702				9. Pool name or Wildcat Jalmat Tansill Y 7 Rvrs		
4. Well Location				Jaimat Tans	Sill Y / Rvrs	
Unit Letter <u>F</u> :	1650 feet from the	24S Ra	inge 36 E	NMPM Lea	n the <u>West</u> line	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)						
11 Check A	nnronriate Roy to In	dianta NI	oturo of Notice 1	0		
11. Check Appropriate Box to Indicate Nature of Notice, I NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON XX REMEDIAL WORK				SEQUENT REF		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN		ABANDONMENT L.J	
OTHER:		П	OTHER:			
12. Describe proposed or comple of starting any proposed work). or recompilation.	ted operations. (Clearly SEE RULE 1103. For I	state all Multiple C	nertinent details, and	d give pertinent date wellbore diagram o	s, including estimated date of proposed completion	
1. Tag CIBP & 35' (gel P/BBL. (CIB 2. Spot 25 Sx plug 3. Spot 25 Sx plug 4. Perf 6 holes @ 2 5. 10 Sx surf, 10-8	2600-2400 (B- 1300-1100 (T-	Salt) Salt)	WOC Tag			
			Profesional Profesional Profesional Profesional		NG OF	
I hereby certify that the information	above is true and comple	te to the b	est of my knowledg	e and belief.		
SIGNATURE ()a. 1. Ca	att		FACILITY ENG		DATE ////00	
Type or print name James	T. CORBITT			Talant	915 none No. <i>GBB-443B</i>	
(This space for State use)				i eleph	one 140.600 7790	
APPPROVED BY		TITLE	<u> </u>		DATE: 13 2000	
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