

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 09659
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cooper Jal Unit
8. Well No. 238
9. Pool name or Wildcat Jalmat Tansill Yates 7 Rvs

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 Injection Well

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 E : 1980 Feet From The N Line and 330 Feet From The W Line
Section 25 Township 24S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3288' KB

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Repair Casing Leak ☐

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.

05-17/26-93

- 1) Pulled injection tubing & packer set.
- 2) Ran 4 3/4" bit & 5 1/2" casing scraper to 3334'.
- 3) Set treating packer @ 2950', acidize perms (3032'-3246') w/5K gal 15% NEFE HCL.
- 4) Set 5 1/2" RBP @ 2948', locate leak between 520' & 560' w/packer.
- 5) Halliburton pump 325 sx class C cement, circ 42 sx thru bradenhead, SI & sqz remainder.
- 6) Drill out 175' cmt. test 5 1/2" csg to 300# 30 min, lost 8#.
- 6) Run 2 3/8" inj tbg w/packer set @ 2972'.
- 7) Test 5 1/2" casing to 300# 30 min (Chart attached, copy on reverse).
- 8) Resume injection - 06-03-93 - Inj 91 BWPD @ 700#.

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 07-13-93

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 _____

CONDITIONS OF APPROVAL, IF ANY:

DATE JUL 15 1993

