

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 09661

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.)

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 B : 338 820 Feet From The N Line and 2310 Feet From The E Line  
Section 25 Township 24S Range 36E NMPM LEA County

7. Lease Name or Unit Agreement Name

Cooper Jal Unit

8. Well No.

139

9. Pool name or Wildcat

Langlie Mattix 7 RQG

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

3314 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: ☐

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.

03-25/31-93

- 1) Ran bit & casing scraper to 3554'.
- 2) Jet wash 3465'-3554'.
- 3) Set packer @ 3350', acidize open hole (3465-3554') w/4K gal 15% NEFE.
- 4) Ran 2 3/8" cement lined injection tubing w/packer set @ 3367', test casing to 300# 30 min - held OK.  
(Chart attached w/copy on reverse side)
- 5) 04-20-93 Return well to injection: 73 BWPD @ 700# (Prior: 6 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 06-21-93  
TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. 505-393-7191

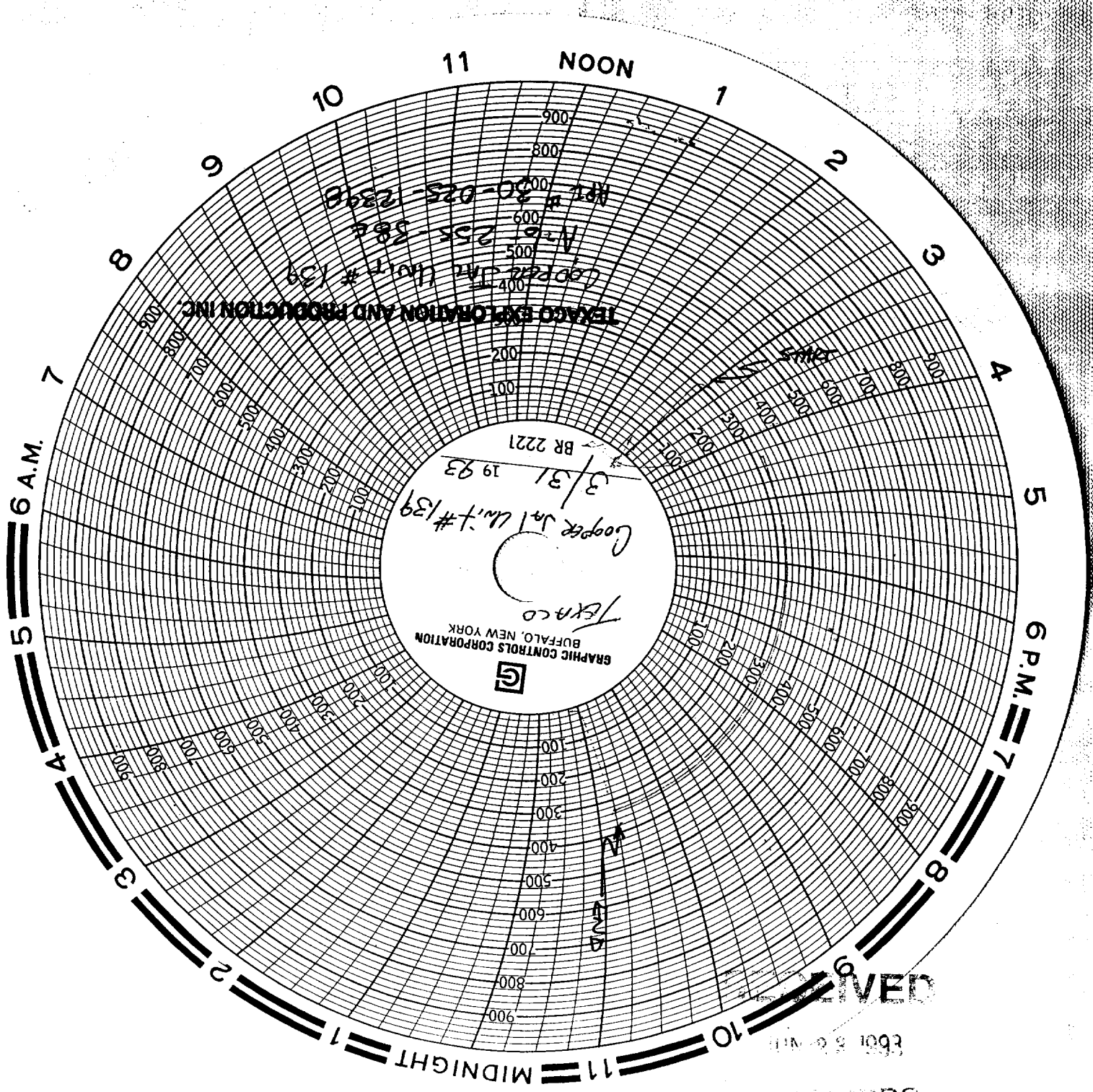
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 24 1993



LIVED  
6-1-93