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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

to Appropriate District Office Revised 1-1-89 <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** WELL API NO. P.O. Box 2088 30 - 025 - 09787 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE L DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: COOPER JAL UNIT WELL WELL OTHER INJECTION WELL 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 211 3. Address of Operator 9. Pool name or Wildon P. O. Box 730 Hobbs, NM 88240 **JALMAT & LANGLIE MATTIX** Well Location 2310 Feet From The Unit Letter _ SOUTH 2310 Feet From The Line and WEST Line County 24 Section Township 245 Range 36E **NMPM** LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3313' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: AMEND PRIOR C-101 TO DHC INJ. N 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. 1) RIG UP, INSTALL BOP. 2) PULL INJECTION EQUIPMENT. 3) DEEPEN TO LANGLIE MATTIX W/ 4-3/4" BIT. PROPOSED TD 3600'. 4) LOG JALMAT AND LANGLIE MATTIX INTERVAL. 5) ACIDIZE JALMAT & LANG. M. (3001'-3600') W/ 8400 GALS 20% NEFE HCI. 6) SET INJ. PKR. ON 2-3/8" CMT. LINED TBG. @ 2950'. LOAD TBG-CSG ANNULUS W/ INHIBITED PRK FLUID. TEST ANNULUS. 7) PLACE WELL ON DOWNHOLE COMMINGLED INJECTION. MAX PRESS = 600 PSI.

I hereby certify that the information shows is type and complete to the best of my knowle		
SIGNATURE MICHEL CA	DBODI OTION FAIGUETTS	_
- Control - Cont	mlePRODUCTION ENGINEER	DATE 01-10-94
TYPE OR PRINT NAME M. C. ALEXANDER		TELEPHONE NO.393-7191
(This space for State/Use)		ILLE FOR FOR THE FOR
	ORIGINAL SIGNED BY JERRY SI	EXTON
APPROVED BY AREA SELECTION	DISTRICT I SUPERVISOR	JAN 14 1994
CONDITIONS OF APPROVAL, IF ANY		DATE