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. 30-025-09787

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 Water Injection Well

2. Name of Operator: Texaco Producing Inc.

8. Well No. 211

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

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

4. Well Location
Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West Line

Section 24 Township 24 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3325 DF

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.

7/7 - 7/13/89 Pulled injection tubing and pkr. Cleaned out fill and junk from 3030' to 3244'. Ran 5½" pkr. on 2⅞" tubing & set @ 2911'. Acidized 4¾" openhole 3001' to 3244' w/ 4000 gal. 15% NEFE acid in 4 stages. POH. Rerun injection pkr. & tubing. Set packer at 2964'. Tested casing to 500 psi for 30 minutes - Held. (Press. Recorder Chart is attached.) Resumed injection at 445 BWPD @ 875 psi. Prior Inj.: 141 BWPD @ 980 psi.

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

SIGNATURE K.L. Johnson TITLE AREA SUPERINTENDENT DATE JUL 21 1989

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

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 26 1989

CONDITIONS OF APPROVAL, IF ANY: