State of New Mexico

rgy, Minerals and Natural Resources Department

Form C-103 Revised 1_1_RQ

Submit 3 copies to Appropriate District Office

DISTRICT I	OIL CON	CEDAL WAS IN STRUCTOR	Revised 1-1-69
P.O. Box 1980, Hobbs, NM 8	8240 OIL CON	SERVATION DIVISION	WELL API NO.
DISTRICT II P.O. Box 2088			30 025 25682
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE FEE FEE
DISTRICT III			STATE FEE 6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, N			o. State Oil / Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)			COOPER JAL UNIT
1. Type of Well: OIL WELL	□ GAS □ OTHER	Injection Well	
2. Name of Operator			8. Well No.
TEXACO EXPLORATION & PRODUCTION INC			151
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			9. Pool Name or Wildcat
4. Well Location	 		LANGLIE MATTIX 7 RVRS Q GRAYBURG
Unit Letter	A : <u>771</u> Feet	From The NORTH Line and 170	Feet From TheEASTLine
Section 24	T 249	205	
24	,		#PMLEA_ COUNTY
	10. Elevation (Sho	w whether DF, RKB, RT,GR, etc.) 3304' GL	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	NTENTION TO:	Í	
PERFORM REMEDIAL WORK	PLUG AND ABAND		JBSEQUENT REPORT OF:
TEMPORARILY ABANDON			☐ ALTERING CASING
PULL OR ALTER CASING		COMMENCE DRILLING OPE	
OTHER:		CASING TEST AND CEMEN	IT 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. Objective: Convert to Langlie Mattix Injector			
1) Removed production equipr 2) Ran 2 3/8" IPC injection tut 3) Test tbg/csg annulus to 300 4) 11-30-93: Inj 238 BWPD @	oing w/5 1/2" packer set @ 3241 O# 30 min (Chart attached, copy	on reverse)	
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mile 1	ue and complete to the best of my knowledge an		
SIGNATURE	hson	TITLE Engineering Assistant	DATEDATE
TYPE OR PRINT NAME	Larry W. Johnson		Telephone No. 397-0426
(This space for State Use)		OPICINAL	
APPROVED BY		ORIGINAL SIGNED BY JERRY	SEXTON

DISTRICT I SUPERVISOR

TITLE



APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

DATE MAR 1 () 1994

DeSoto/Nichols 12-93 ver 1.0

