

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 25682 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER JAL UNIT
8. Well No. 151
9. Pool name or Wildcat <i>Langlie Mattix SRONGA</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3303' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	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 <u>A</u> : <u>771</u> Feet From The <u>NORTH</u> Line and <u>170</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>24S</u> Range <u>36E</u> NMPM LEA
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.

- 1) Perforate additional Langlie Mattix pay 3640-3680' W/160 holes - 8 jspl
- 2) Frac perms (3296-3608') w/36K gal X-Link Gel & 58K Sand
- 3) Clean out to 3632' & place on production
- 4) 02-18-93 Test= 4 oil, 48 wtr, 21 MCF

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 03-31-93
TYPE OR PRINT NAME L. W. Johnson TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL MONITOR BY JERRY SEXTON
DISTRICT SUPERVISOR

APR 05 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: