

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 26284
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.	154
9. Pool Name or Wildcat	LANGIE MATTIX
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240 <i>Soon Lorraine P.O. Box 3109, Mid. TX 79702</i>
4. Well Location	Unit Letter <u>G</u> : <u>1550</u> Feet From The <u>NORTH</u> Line and <u>2400</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>24S</u> Range <u>36E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ PERF & ACIDIZE & FRAC

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.

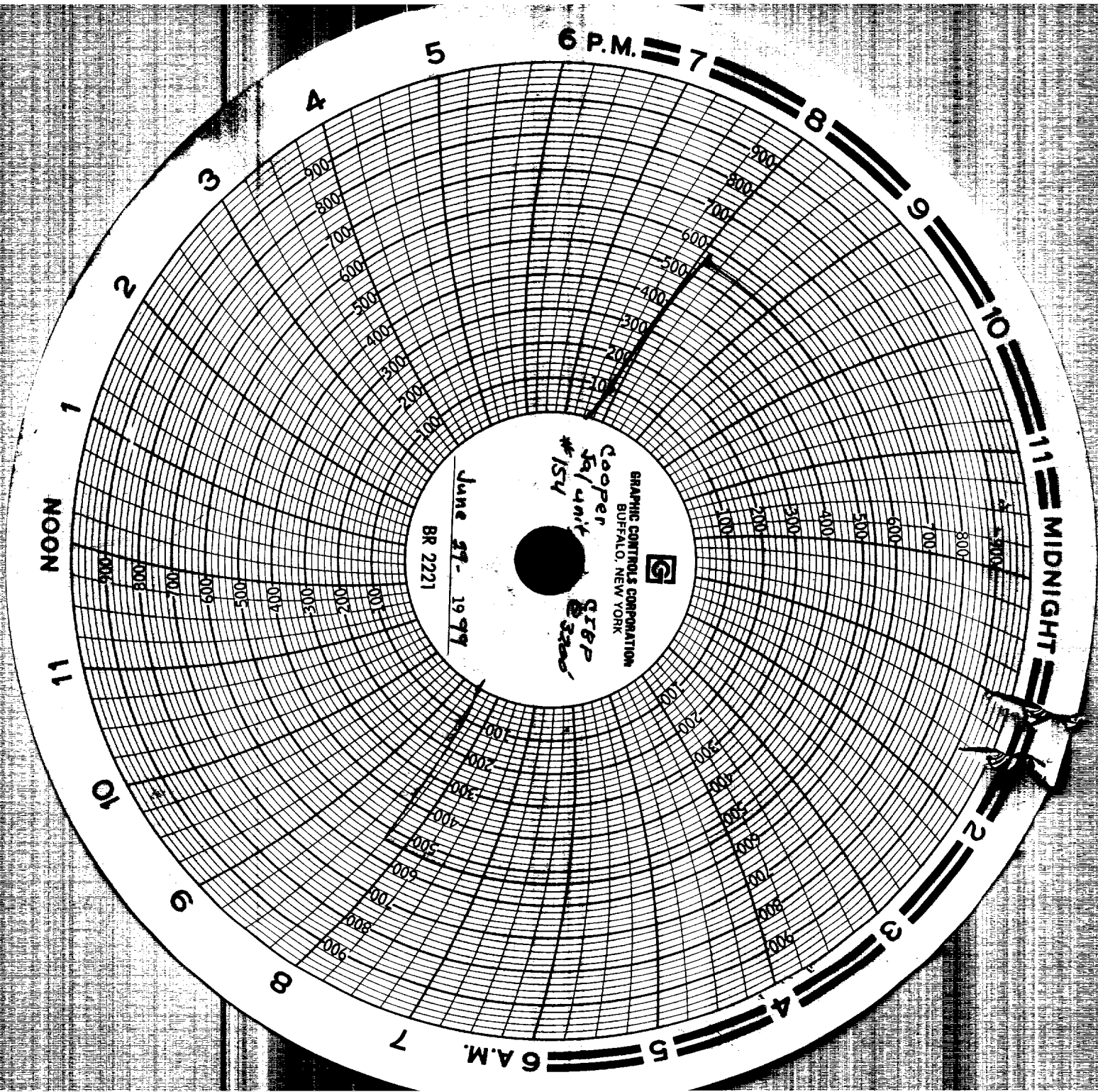
6-28-99: MIRU. NDWH. NUBOP. TIH W/BIT, & CSG SCRAPER ON TBG TO 2046'.
6-29-99: TIH W/TBG TO 3260'. TIH W/CIBP & SET @ 3200'. TIH W/TBG TO 3165' & CIRC W/100 BBLs 2% KCL WTR. TEST & CHART CSG TO 550# FOR 30 MINS-OK. TIH W/PERF GUN & PERF JALMAT YATES 7RQ FORM FR 2976-3006, 3026-46, 3080-94. TIH W/BAILER & DUMP 35' CMT ON TOP OF CIBP FOR NEW PBTD OF 3165'.
6-30-99: TIH W/PKR, & SN ON TBG. PSA 2904'. PRESS BACKSIDE TO 500#-OK. BREAK DOWN FORM @ 2600# W/2% KCL WTR. ACIDIZE JALMAT YATES 7RQ PERFS 2976-3094' W/3000 GALS 15% NEFE CL. RU SWAB. FL @ SURF. END FL @ 2800'.
7-01-99: FL @ 2000'. SWAB DRY. REL PKR. TIH W/PKR, & SN ON FRAC TBG. TEST TO 8000#. SET PKR @ 2855'. LOAD & TEST BACKSIDE TO 500#-OK.
7-02-99: FRAC JALMAT PERFS 2976-3094' VIA 3 1/2" TBG USING 16,249 GALS YF-130-D FLUID + 52,000# 16/30 BRADY SAND.
7-06-99: WELL ON VAC. REL PKR. TIH W/BIT, & TBG & TAG UP @ 2887'. TOP PERF 2976-3094', CIBP @ 3165'. TIH W/BIT, DC'S, & TBG. STOP BIT @ 2780'.
7-07-99: LOWER TOOLS & TAG FILL IN CSG @ 2875'. BREAK CIRC W/FOAM UNIT. C/O FRAC SAND TO 3195'. PBTD-3195'. CIRC CLN. PULL UP TO 2780'.
7-08-99: LOWER TOOLS & TAG 3195'. NO FILL. TIH W/MA W/PURGE VALVE & 100 MESH SCREEN WIRE, SN, TBG, TAC. TBG @ 3128, SN @ 3098, TAC @ 2948'. NDBOP. NUWH. TIH W/RDS.
7-09-99: TIH W/GAS ANCHOR, PUMP, RDS. HANG ON. LOAD & TEST TO 500#-OK. RIG DOWN. PUMPING.
7-13-99: ON 24 HR OPT. PUMPED 26 BO, 75 BW, & 24 MCF.
FINAL REPORT

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

SIGNATURE *J. Denise Leake* TITLE Engineering Assistant DATE 7/22/99
TYPE OR PRINT NAME J. Denise Leake

Telephone No. 897-8405
915-688-4752

(This space for State Use)
APPROVED BY *[Signature]* TITLE *DISTRICT SUPERVISOR* DATE *JAN 7 0 2001*
CONDITIONS OF APPROVAL, IF ANY:



6 P.M. = 7

11 = MIDNIGHT

6 A.M. = 5

NOON



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

COOPER
#154
BR 2221

June 27-1999

BR 2221



95762728296

Chapman & Sea.
6/29/77
P. J. Leveaux



C-104 XX ☐ Operator OGRID omitted
☐ Effective Date should be included in Item 3 Reason-
for Filing Code
☐ Bottom hole location omitted
☐ Transporter name/OGRID omitted or incorrect
☐ Location for new POD requested omitted
☒ Well Completion Data incomplete
☒ Well Test Data omitted
☐ Form is not properly signed and dated
☐ Operator Change: Signature and OGRID of previous
operator required
☒ Other: OCD Requires this form for plugbacks

C-105 XX ☐ Lithology omitted
☐ Tubing record omitted
☐ Well location incomplete
☐ Casing record incomplete or omitted
☐ Production data incomplete
☒ Other: OCD requires this form on all plugbacks.

Deviation Survey ☐ Omitted
Directional Survey ☐ Omitted. Directional Drill: required with correctly
calculated Bottom Hole Location
Logs ☐ Required on all wells: State, Federal and Private
Other: _____

C-139 _____ See Attached Form
C-140 _____ See Attached Form
C-141 _____ See Attached Form

PLEASE NOTE: DELAY IN PROCESSING OF REGULATORY FORMS MAY RESULT IN OPERATOR
RECEIVING PRODUCTION AND DISPOSITION ERROR MESSAGES GENERATED
BY C-115 REPORTING.