Submit 3 Copies to Appropriate District Office

State of New Mexico Ene Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

DIZIBICITI

Santa Fe, New Mexico 87504-2088

TELL API NO. 12301 30025 12299	
. Indicate Type of Lease	

P.O. Drawer DD, Arlesia, NM 88210	7507-2008			
DISTRICT III	5. Indicate Type of Lease STATE TEE FEE			
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. B-9311			
SUNDRY NOTICES AND REPORTS ON WELL	c ////////////////////////////////////			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI	R PLUG BACK TO A 7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)	W. L. Come versions regime			
1. Type of Well:	West Dollarbid Dail 1 7			
well one Injec	West Dollarhide Drinkard Unit			
2. Name of Operator	8. Well No.			
Texaco Producing Inc 3. Address of Operator	63			
•	9. Pool name or Wildcat			
P.O. Box 730 Hobbs, New Mexico 88240	Dollarhide Tubb Drinkard			
Unit Letter L : 2130 Feet From The South Line and 510 Feet From The West Line				
Section 32 Township 24S Rang	38E			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
(/////////////////////////////////////				
11. Check Appropriate Box to Indicate Na	iture of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON				
	REMEDIAL WORK ALTERING CASING			
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	OTHER: Clean Out Well X			
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.				
work) SEE RULE 1103.				
1) Ran blade bit. Cleaned out ecale 6352-64221				
-, see and pref of graff 000 20 and 2				
2) Ran inj string. Set pkr @ 6217'. Tested csg to 500# for 30 min. Held o.k. (Chart attached)				

- 3) Placed well on injection. Final Report 06-23-90. Inj 250 BWPD @ 1250#.

I hereby certify that the information above is true and complete to the best of my knowl	iedge and belief.	-
SIGNATURE SIGNATURE	Engr. Asst.	DATE 07-13-90
TYPEOR FRINT NAME L.W. Johnson		TELEPHONE NO. (505)
(This space for State Use)		195 and 195
APTROVED BY CONDITIONS OF APTROVAL, IF ANY:	mu	DATE
CONDITIONS OF REPORT AND		

