Submit 3 copies

State of New viexico ov Minerals and Natural Re-

Form C-103

District Office	gy, willte	gy, Millerais and Natural Resources Department			Revised 1-1-8		
DISTRICT I	OIL CON	ISERVATI	ON DIVISION				
P.O. Box 1980, Hobbs, NM 8	38240			WELL API NO.			
P.O. Box 2088 P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				3002531483			
P.O. Box Drawer DD, Artesia,	NM 88210 Santa I	re, New Mexic	0 87504-2088	5. Indicate Type			
DISTRICT III					STATE 🔀	FEE	
1000 Rio Brazos Rd., Aztec, N	NM 87410			6. State Oil / Ga	as 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					or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)					RHIDE DRINKARD UNIT		
1. Type of Well: OIL WELL	C40				WINDE DIVINACED ONLY		
2. Name of Operator				O Marii Ma			
TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	115		
3. Address of Operator 205	5 E. Bender, HOBBS, NM 88	R240		9. Pool Name or	Wildoot		
4. Well Location				DOLLARHIDE TUBB DRINKARD			
	. 404						
Unit LetterA	<u>: 121</u> Feet	From The NOR	TH Line and 1309	_Feet From The	EASTLine		
Section 5 Township 25S Range 38E NMPM LEA COUNTY							
	10. Elevation (Sh	now whether DF, RI	(B, RT,GR, etc.) 3165'				
11. C	heck Appropriate Box	to Indicate Na	ture of Notice Report	or Other Det			
Check Appropriate Box to Indicate Nature of Notice, Report, NOTICE OF INTENTION TO:							
				JBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABAND	DON []	REMEDIAL WORK	⊠ AI	LTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPER		.UG AND ABANDONMENT	H	
PULL OR ALTER CASING			CASING TEST AND CEMEN			L	
OTHER:		🗆	OTHER:				
12. Describe Proposed or Company proposed work) SEE Ri	pleted Operations (Clearly s ULE 1103.	state all pertinent		dates, including	g estimated date of star	 ting	
2-05-98: MIRU. NDWH & REL 2-06-98: TIH W/SONIC HAMME 2-07-98: TIH W/BIT & BAILER & 2-08-98: BLED OFF WELL & Pt 2-09-98: RD. 2-23-98: ON 20 HR OPT. PUMF FINAL REPORT	ER TOOL & INSTL STRIPPE & C/O TO 6835'. TIH W/PRC U PUMP. TIH W/PUMP, KBA	ARS & RODS, SPA	E PERFS W/4000 GALS 15 3 SET TAC. NUWH. ACE OUT AND HANG ON. I	%. WELL ON VA LOAD & TEST W	.C. //500 PSI.		

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	DATE 2/24/98
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 397-0405
(This space for State Use) ORIGINAL SIGNED BY	
APPROVED BY FIELD FIE	DATE