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 OIL CONCEDIVATION DIVICION	Trevised 1-1-09				
	WELL API NO.				
DISTRICT II P.O. Box 2088	3002530827				
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease				
DISTRICT III	STATE FEE				
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil / Gas Lease No. B-9613				
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.)	WEST DOLLARHIDE DRINKARD UNIT				
1. Type of Well: OIL GAS OTHER					
2. Name of Operator	8. Well No.				
TEXACO EXPLORATION & PRODUCTION INC.	105				
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240	9. Pool Name or Wildcat				
4. Well Location	DOLLARHIDE TUBB DRINKARD				
	Foot From The MAPOT				
Unit Letter K: 1347 Feet From The SOUTH Line and 1373	Feet From The WEST Line				
Section 32 Township 24S Range 38E NM	PM <u>LEA</u> COUNTY				
10. Elevation (Show whether DF, RKB, RT,GR, etc.)					
11. Check Appropriate Box to Indicate Nature of Notice, Report	, or Other Data				
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:				
	—				
	ALTERING CASING				
	<u> </u>				
PULL OR ALTER CASING CASING TEST AND CEMEN	ST AND CEMENT JOB				
OTHER: 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). RUPU and install BOP. TOH w/production equipment.					
2). Tag 6510' and clean out w/bailer if necessary.					
3). Perforate from 6410'-6422'. 4). Mini frac w/300 Bbls 40# Spectra Frac G. Fracture perf's					
from 6387'-6390' w/46,000 gals 40# gell, 181,000# 20/40 proppant					
@ 30 BPM.					
 Release pkr and POH w/tbg. RIH w/bit and clean out to 6670'. Reverse sand of RBP. Retrieve plug. TOH w/tbg and place well on production. 					
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I hereby certify that the information above is true and SIGNATURE	d complete to the best of my knowledge and believe and believe and believe and a second a second and a second	D 1	DATE	7/14/94	
TYPE OR PRINT NAME Darlene D. de Aragao			Telephone No. 397-0424		
(This space for State Use)		Opicina		******	
APPROVED BY	TITLE	ORIGINAL SIGNED BY JERRY SEXTON	DATE	JUL 18 1994	
CONDITIONS OF APPROVAL, IF ANY	:	DISTRICT I SUPERVISOR			

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