ubmit 3 Copies
Appropriate
istrict 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. 30025-12226

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 1702010

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.)

7. Lease Name or Unit Agreement Name: West Dollarhide Drinkard

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Texaco E&P, Inc.

8. Well No. 10

3. Address of Operator: P. O. Box 3109 - Midland, TX 79702

9. Pool name or Wildcat: Dollarhide Tubb Drinkard

4. Well Location
Unit Letter N : 660 Feet From The South Line and 2303 Feet From The West Line

Section 19 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3165 RT

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST 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.

4-27-95 Paul Kautz NMOCD
4-28-95 Set 5½" Cmt Ret. @ 6084', Sqz. 150 sx below, shut in @ 800 psi. Cap CICR w/25 sx, Tag TOC 5767'
5-1-95 Spot 25 sx cmt 3850', tag next day 3654'
5-2-95 Spot 35 sx cmt 3300', cal. TOC @ 2955'
5-2-95 Spot 25 sx cmt 2900', Cal TOC @ 2653'
5-2-95 Spot 25 sx cmt 1350', cal TOC @ 1103'
5-2-95 Spot 50 sx cmt 450' - 0'

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

SIGNATURE _____ TITLE P&A Supervisor DATE 5-2-95

TYPE OR PRINT NAME James Calder TELEPHONE NO. 915/335-5080

(This space for State Use)

APPROVED BY Gary W. Gill TITLE OIL & GAS INSPECTOR DATE MAY 9 1995

CONDITIONS OF APPROVAL, IF ANY:

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Exp