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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CORP. COMPLETION  
P.O. BOX 1225  
HOBBS, NM 88240  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other Injection Well

2. Name of Operator  
Texaco Exploration and Production Inc.

3. Address and Telephone No.  
P.O. Box 730, Hobbs, NM 88240 (505)393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter G, 330'FSL & 1980'FEL  
Sec 19, T24S, R38E

5. Lease Designation and Serial No.  
NM-10185

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
W Dollarhide Drk U #11

9. API Well No.  
30 025 12250-1221

10. Field and Pool, or Exploratory Area  
Dollarhide Tubb/Drk

11. County or Parish, State  
Lea Co. NM

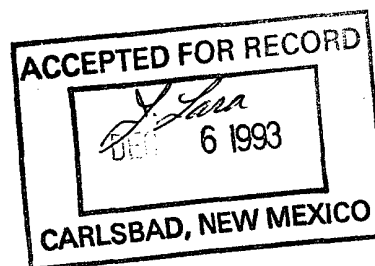
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Convert to Injection</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- 1) Ran casing inspection log from surface to 6748', tested csg to 500#, leaked.
- 2) Located hole @ 45' to 77', squeezed w/20 sx micro-matrix cement, held OK.
- 3) Acidized perms (6610-6730") w/1000 gal 15% NEFE.
- 4) Ran 2 3/8" poly lined injection tubing w/packer set @ 6572', test csg/packer.  
(Chart to NMOCD, copy on reverse)
- 5) 10-04-93: Inject 150 BWPD @ 825#



14. I hereby certify that the foregoing is true and correct

Signed J. Johnson

Title Engr Asst

Date 11-09-93

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

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B  
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