

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. 30-025-10166
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name BAKER B
2. Name of Operator Texaco Exploration and Production Inc.	8. Well No. 7
3. Address of Operator P.O. Box 730, Hobbs, NM 88241-0730	9. Pool name or Wildcat TUBB DRINKARD
4. Well Location Unit Letter J : 1980 Feet From The S Line and 1980 Feet From The E Line Section 10 Township 22S Range 37E NMPM LEA County	10. Elevation (Show whether DP, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: DOWNHOLE COMMINGLE WELL <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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) PULL DUAL EQUIPMENT
- 2) TREAT DRINKARD ZONE, TREAT TUBB ZONE
- 3) TEST ZONES TO OBTAIN PRODUCTION SPLIT IN COMPLIANCE W/ NMDCD ADM. ORDER NO. DHC-813
- 4) PLACE WELL ON PRODUCTION

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

SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 5-20-92
TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAY 29 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 20 1992

OCD HOBBS OFFICE