Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office			Kevised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION  P.O. Press 2089		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-12379
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease  STATE XX FEE
1000 NO 512208 NO., AZEC, NAT 87410			6. State Oil & Gas Lease No. B-93125
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
1. Type of Well:  Oil. GAS WELL WELL X		- 201	West Dollarhide Drinkard Unit
2. Name of Operator		Jeut	8. Well No.
Texaco Exploration & 1  3. Address of Operator	Production, Inc.		79
P. O. Box 3109, Midlar	nd. TX 79702		9. Pool name or Wildcat
4. Well Location			Dollarhide Tubb Drinkard
Unit Letter Div	66 Feet From The North	Line and 66	60 Feet From The West Line
Section 5	Township 25% S R	ange 388 E	NMPM Lea County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
II. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON XXX	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	<del></del>	CASING TEST AND CE	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, ar	nd give pertinent dates, includ	ing estimated date of starting any proposed
<ul><li>NUBOP, RIH with CI</li><li>Circulate well with CI</li></ul>		with 60 sx ceme	ent
5) Spot 40 sx cement	@ 4080 to 3980 (San An @ 3870 to 3570 (Queen)		
6) Perf 4 holes @ 255 7) Perf 4 holes @ 127	50, squeeze with 50 sx '1, squeeze with 150 sx	cement	
<ol><li>SPot 10 sx cement</li></ol>	30 to surface		
9) NDBOP, cut off wel	lhead, install dry hol	e marker	
I hereby certify that the information above is true	and complete to the best of my knowledge and		• • • • • • • • • • • • • • • • • • • •
SIGNATURE Wand W. N	may m	1 Satroleum 6	DATE 4/23/97
TYPE OR PRINT NAME			TELEPHONE NO.
(Thus space for State HIGH	CHRIC ALLIAMS	ORIGINAL SIGNED GARY WINK	961 23 19

CONDITIONS OF AITROVAL, IF ANY:

APPROVED BY ---

FIELD REP, II

