Submit 3 copies to Appropriate District Office

State of New Mexico **!inerals and Natural Resources Department** Ener-

Form C-103	
Revised 1-1-89)

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

ONCEDIATION DIVICION

N	VALION	DIAISION	WELL API NO.	
Ο.	Box 2088	•		30 0

COUSTWANTON DIAISION	WELL API NO.	
P.O. Box 2088	30 025 12379	
Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease	
	STATE 🔀	FEE [
	6. State Oil / Gas Lease No.	
	B-93125	

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 WEST DOLLARHIDE DRINKARD UNIT (FORM C-101) FOR SUCH PROPOSALS.) OIL 1. Type of Well: WELL \boxtimes WELL INJECTOR OTHER 2. Name of Operator 8. Well No. **TEXACO EXPLORATION & PRODUCTION INC.** 3. Address of Operator 9. Pool Name or Wildcat P.O. BOX 730, HOBBS, NM 88240 DOLLARHIDE TUBB DRINKARD 4. Well Location 666 Feet From The NORTH Line and 660 Feet From The_WEST Township 25S _ Range __38E_ _NMPM . LEA COUNTY 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3130' DF

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 **CHANGE PLANS** COMMENCE DRILLING OPERATION **TEMPORARILY ABANDON** П PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER: add perforations and acid stimulate

10/31/94: MIRU. TOH with packer and injection tubing.

11/01/94: Clean out 4" liner from 5780' - 5822'.

11/02/94: Clean out Carbonate scale and Iron Sulfite from 5812 to 5855.

11/03/94: Clean out Carbonate scale and Iron Sulfite from 5855' to 5984'.

11/04/94: Clean out from 5940' to 6180'.

11/09/94: Discovered holes in 4" liner. Rig down.

Workover unsuccessful. The subject well will be plug and abandoned.

I hereby certify that the he best of my knowledge and belief. Engineering Assistant SIGNATURE TITLE DATE ____3/2/95 TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426 (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON APPROVED BY DISTRICT I SUPERVISOR TITLE CONDITIONS OF APPROVAL, IF ANY:

^{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.