Submit 3 Copies

## State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20		WELL API NO.
DISTRICT II	Santa Fe, New Mexico		30-025-12381
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			5. Indicate Type of Lease  STATE XX  FEE
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
			B-9312-5
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:	TO THE SERVER		West Dollarhide Drinkard Unit
OIL GAS WELL WELL	OTTIER 1	ont	
2. Name of Operator Texaco Exploration & Production, Inc.			8. Well No.
3. Address of Operator		9. Pool name or Wildcat	
P. O. Box 3109, Midland, TX 79702		Dollarhide Tubb Drinkard	
4. Well Location Unit Letter B A 810	Feet From The North	Line and 231	O Feet From The East Line
Section 5	Township 25 S R	ange 38E	NMPM Lea County
	10. Elevation Show whether		V/////////////////////////////////////
			<u> </u>
11. Check A	Appropriate Box to Indicate	Nature of Notice, Ro	eport, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT 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 CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	nd give pertinent dates, includ	ding estimated date of starting any proposed
2) Call Oil Conservation 3) MIRU, RIH to 6265 4) Spot 25 sx cement 5) Spot 45 sx cement 6) Spot 130 sx cement 7) Spot 10 sx cement	BP @ 6310 W/4 sx cemention Division 24 hours, circulate well with @ 6265 to 5845 and ta @ 3750 to 3550 (Queent @ 2487 to 1225 (Salt @ 30 to surface lihead, install dry ho	before move-in 9.8 mud, 4" line g ) )	r 5894 to 6879

I hereby certify that the information above is true and complete to the best of my know SKINATURE Land W. Men	me Tetraleum Engineer	DATE 9/23/97
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Pagition DISTRICT   SUPERVISOR		act 23 1997
APTROVED BY	TITLE	DATE

CONDITIONS OF AHTROVAL, IF ANY: