

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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 12381

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-9312-5

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.

77

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

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
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER Injection Well

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location

Unit Letter B : 810 Feet From The NORTH Line and 2310 Feet From The EAST Line

Section 5 Township 25S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3148' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Objective: Clean out & acidize (Failed attempt)

- 1) Ran Injection/Tracer/Temperature/Caliper log from 6622' to 5600'. Caliper log shows top of 4" liner @ 5894'. Log indicates leaks 5810'- 5830', 5860'-5892'. Leaks took 43% of injected fluid, 57% of fluid went to perfs 6359' to 6608'. Shut in.
- 2) Set CIBP inside 4" liner @ 6315' (Top perf @ 6359'). Dump 4 sx cement on CIBP from 6315' to 6265' (New PBTD). Pressured 4" liner to 750 psi. Did NOT Hold.
- 3) Shut well in pending evaluation.

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

SIGNATURE Larry W. Johnson TITLE Engineering Assistant

DATE 8/22/94

TYPE OR PRINT NAME Larry W. Johnson

Telephone No. 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE AUG 25 1994

CONDITIONS OF APPROVAL, IF ANY: