

District I - (505) 393-6161  
1625 N. French Dr  
Hobbs, NM 88241-1980  
District II - (505) 748-1283  
811 S. First  
Alamogordo, NM 88210  
District III - (505) 334-6178  
1000 R.L. Brazos Road  
Aztec, NM 87410  
District IV - (505) 827-7131

New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Form C-139  
Revised 06/99

SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

APPLICATION FOR  
PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address Texaco Exploration & Production Inc. 500 N Loraine, Midland Texas, 79702							OGRID Number 022351	
Contact Party Mike Quintana							Phone 505-394-9307	
Property Name West Dollarhide Drinkard Unit					Well Number 88		API Number 30-025-12387	
UL A	Section 5	Township 25 S	Range 38 E	Feet From The 660	North/South Line North	Feet From The 500	East/West Line East	County Lea

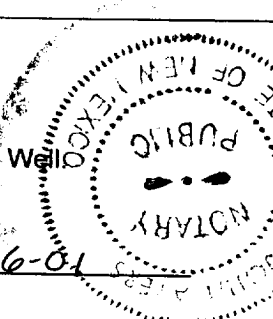
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): Dollarhide Drinkard	
Date Production Restoration started: 2/8/00	Date Well Returned to Production: 2/21/00
Describe the process used to return the well to production (Attach additional information if necessary): Convert back to from injector to producer. (Workover procedure attached)	

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:

Records Showing Well produced less than 30 days during 24 month period: <input type="checkbox"/> Well file record showing that well was plugged <input type="checkbox"/> ONGARD production data <input checked="" type="checkbox"/> OCD Form C-115 (Operator=s Monthly Report)	Month/Year (Beginning of 24 month period): 1/97 Month/Year (End of 24 month period): 2/00
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IV. Affidavit:

State of <u>New Mexico</u> ) County of <u>Lea</u> ) ss. <u>Denise Wann</u> , being first duly sworn, upon oath states: 1. I am the Operator, or authorized representative of the Operator, of the above-referenced Well. 2. I have personal knowledge of the facts contained in this Application. 3. To the best of my knowledge, this application is complete and correct. Signature <u>Denise Wann</u> Title <u>Senior Engineer</u> Date <u>2-6-01</u> SUBSCRIBED AND SWORN TO before me this <u>6th</u> day of <u>February</u> , <u>2001</u> . My Commission expires: <u>2-29-04</u> Notary Public <u>John Ayala</u>		
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FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 2/21/00.

Signature District Supervisor <u>Paul J. Kautz</u>	OCD District <u>1</u>	Date <u>2/15/01</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

10/19/99

## WDDU #88

Unit A 667 FNL & 500 FEL

Sec 5, T25 S, R38E

GL 3156'

DF 3167'

CIBP 6510'-6530' (5/93)

CIBP 7755'-7800', 35' cmt top of CIBP (3/83)

CIBP 8490' w/ 40' cmt

CIBP 8583'

TD 8680'

### Perforations

(3/83) - 6397, 6404, 06, 08, 14, 25, 30, 36, 38, 40, 44, 61, 69, 76, 78, 86, 88, 94, 6502, 12, 20, 6530 40 Holes, 2 SPF

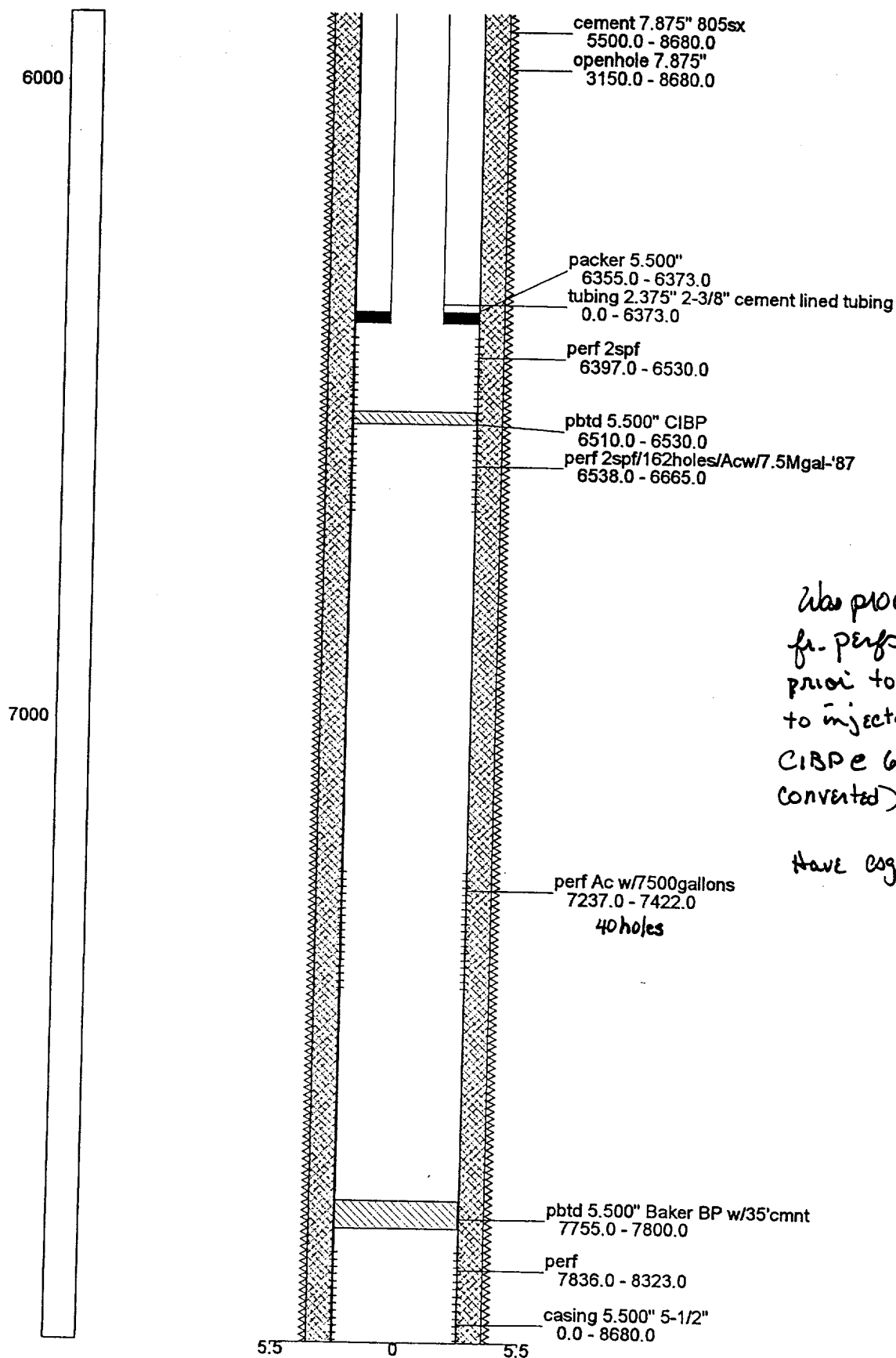
(7/87) - 6538-40, 46-51, 54-57, 59-60, 62-70, 78-80, 82-83, 86-88, 92-94, 6598-6605, 07, 10-12, 17-24, 26-33, 38-40, 42-44, 53-6665 162 holes 2 SPF

(6/90) - 7237-42, 45-47, 56-63, 67, 71-72, 85-90, 95-99, 7405-06, 10-14, 21-7422 40 holes 2 SPF

### Procedure

1. MIRU PU.
2. Install BOP.
3. Release packer and TOH w/ cement lined injection tubing laying down.
4. TIH w/ bit and scrapper to PBTD 6510'. ( If scale buildup is seen, proceed to Step 7 to acidize) TOH.
5. If no scale buildup is seen, TIH w/ production tubing and swab test interval 6397'-6502'. (CIBP 6510'.)
6. If sufficient production is seen proceed to put on pump. If not sufficient production is seen, prepare to re-perforate and acidize interval or CO CIBP at 6510'. (Check with Engineer)
7. If necessary to acidize, TIH w/ packer to 6300'.
8. Acidize perforations 6397'-6502' w/ 4000 gals 15% NEFE HCL.
9. Swab to neutral.
10. TIH w/ production equipment.
11. Scale Squeeze after production stabilizes.
12. OPT.

WDDU #88  
 Name: 88 ID: 3002512387 Type: WINJ Date: 19991005  
 KB: 0.0 TD: 0.0 PBD: 0.0 Comp Date: 0



was producing 20 BOPD  
 fr. perfs 6397-7422  
 prior to conversion  
 to injector (Note... set  
 CIBP @ 6510' when  
 converted)

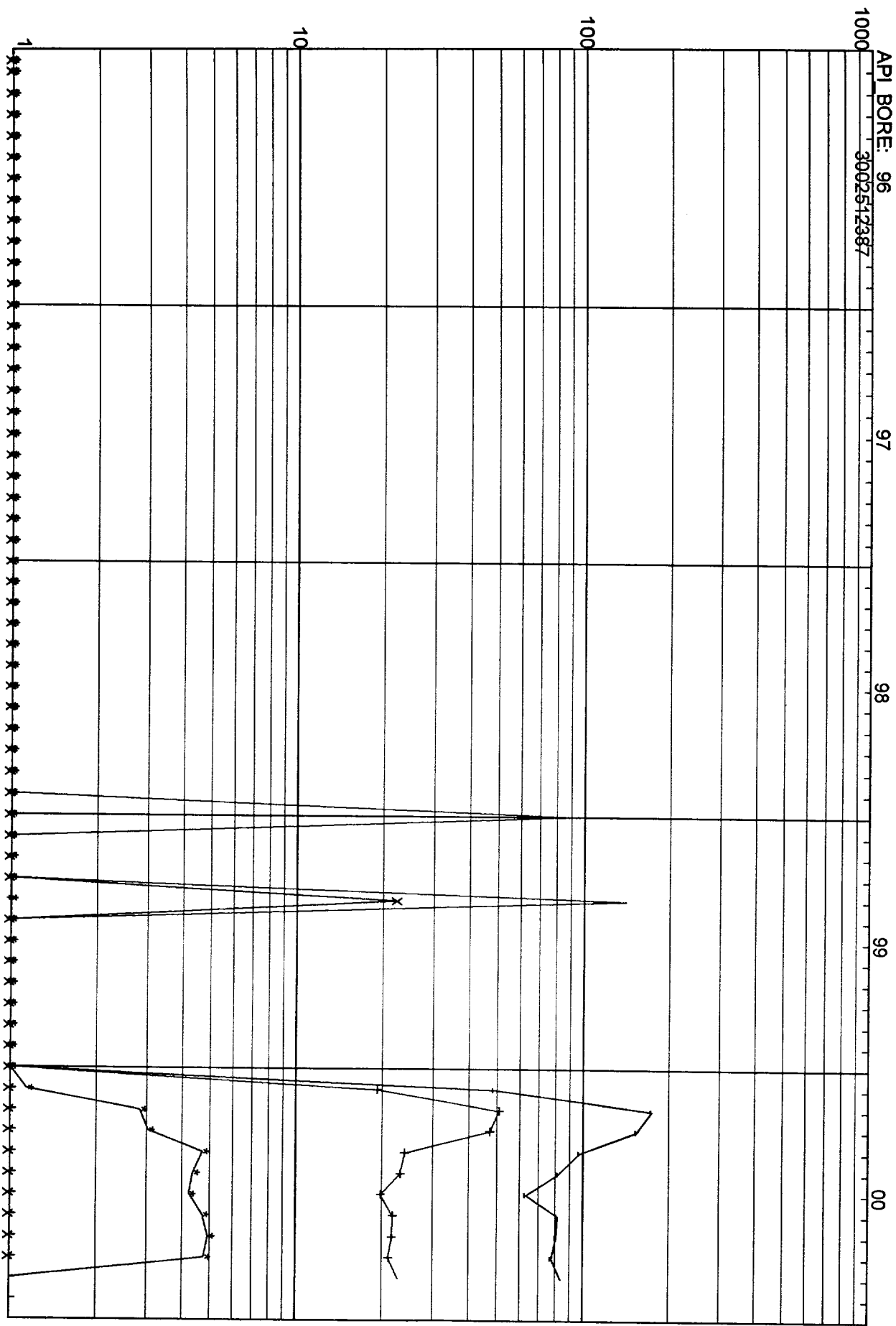
Have log inspection log

LEASE\_NAME: WEST DOLLARHIDE DRINKARD UNIT

TEX\_WELL\_NO: 88

API BORE: 96

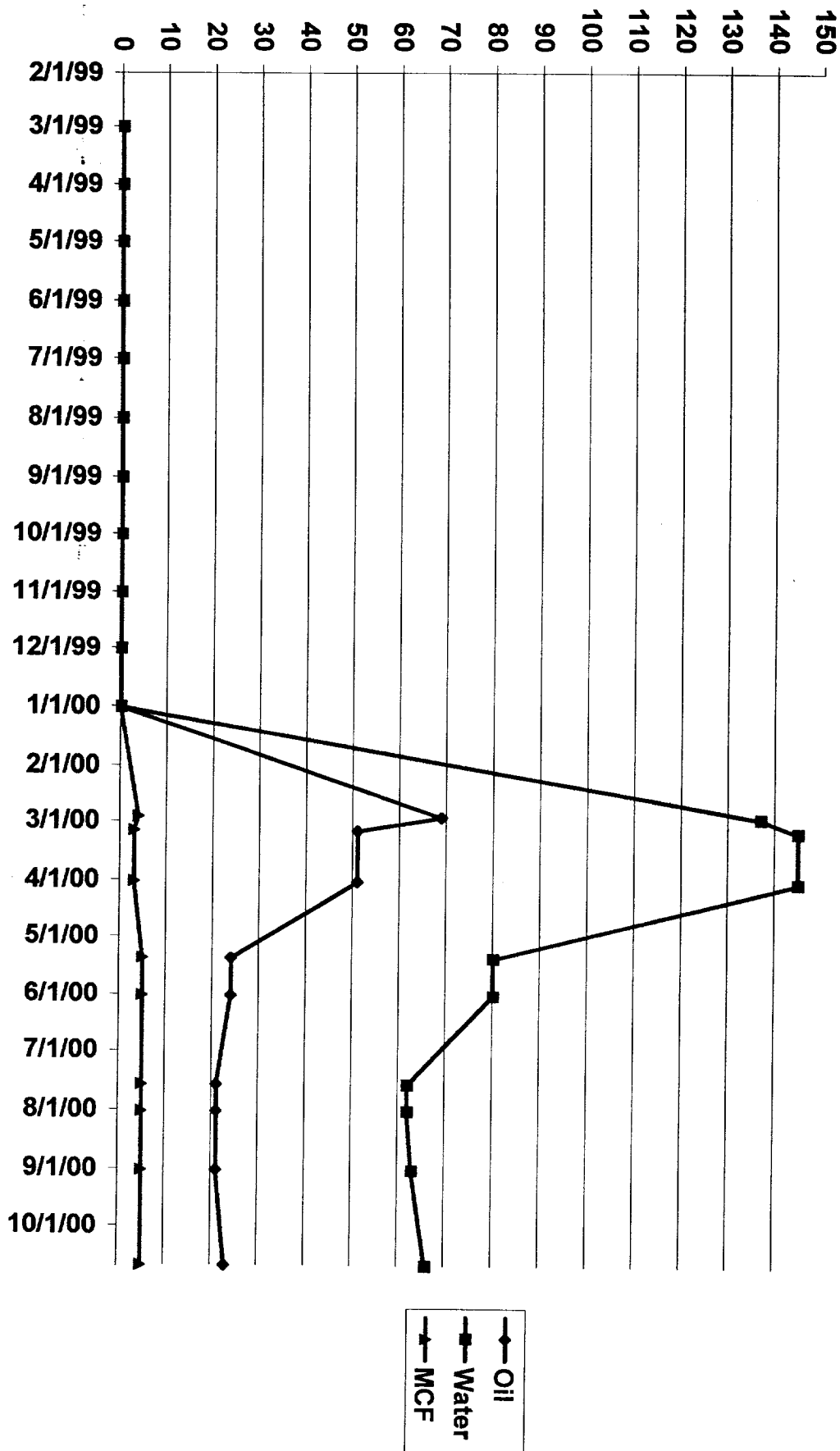
3002512387



+++ BOPD \*-\* MCFPD ---- BOPD x-x BWIPD ---- AVG INJ PRES / 10

CURRENT CUMS: OIL: 142,386 bbl GAS: 21,909 mcf WTR: 69,379 bbl WINJ: 0 bbl

# WDDU # 88



Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.

3002512387

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.

88

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.

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

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter A : 667 Feet From The NORTH Line and 500 Feet From The EAST Line

Section 5 Township 25S Range 38E NMPM LEA COUNTY

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

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: ☐

Convert injector to pumping ☒

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.

2-08-00: RU REV UNIT. SET TWO ANCHORS & TEST ALL. PUMP 20 BBLS DN TBG. NDWH. NUBOP. UNSET PKR.

2-09-00: FLOWED TO FRAC TANK. TIH W/BIT, CSG SCRAPER. STOP BIT @ 4652'.

2-10-00: TAG FILL @ 6370'. TIH W/BIT ON WS. BREAK CIRC & C/O SCALE & IRON SULFIDE 6370-6510'.

2-11-00: TIH W/PKR, & SN ON TBG. SET PKR @ 6306'. LOAD & TEST BACKSIDE TO 500#-OK.

2-14-00: ACIDIZE DRINKARD PERFS 6397-6502' W/4000 GALS 15% NEFE HCL.

2-15-00: RU SWAB. FL @ SURF. END FL @ 3000'. SCALE SQZ DRINKARD PERFS 6397-6502 W/165 GALS TH-756 MIXED IN 30 BBLS 2% KCL. FLSH W/5 GALS ALPHA 133.

2-16-00: UNSET PKR. LOWER PKR & TAG PBTD @ 6510'. NO FILL. TIH W/OPSMA, SN, TBG, TAC. TBG @ 6477'. SN @ 6459'. TAC @ 6357'.

2-17-00: NDBOP. NUWH.

2-18-00: TIH W/GAS ANCHOR, PUMP, SNKR BARS, RDS. LOAD & TEST WELL TO 500#-OK.

2-21-00: RIG DOWN.

2-27-00: ON 24 HR OPT. PUMPING 69 BO, 137 BW, & 4 MCF. PERFS 6397-6502'.

FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 3/7/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:  TITLE

DATE