State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION (WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	3002512387
Santa Fo. New Movice 97504 2099	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil / Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	B-9312-5
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.	WEST DOLLARHIDE DRINKARD UNIT
1. Type of Well: OIL GAS	
Wett Office	
TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 88
Address of Operator 205 E. Bender, HOBBS, NM 88240 Well Location	Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD
	Feet From The EAST Line
Section 5 Township 25S Range 38E NMI	
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	LEA COUNTY
Check Appropriate Box to Indicate Nature of Notice, Report,	
NOTICE OF INTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPER	
PULL OR ALTER CASING CASING TEST AND CEMENT	JOB
OTHER: Convert injector back to producer OTHER:	
It is recommended that this injector be converted back to producer. The intended procedure is as follows: 1. MIRU PU. 2. INSTL BOP. 3. REL PKR & TOH W/CMT LINED INJ TBG LAYING DN. 4. TIH W/BIT & SCRAPER TO PBTD 6510'. 5. IF NO SCALE BUILDUP IS SEEN, TIH W/PROD TBG & 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 REPERFORATE & ACIDIZE, ITH W/PKR TO 6300'. 7. IF NECESSARY TO ACIDIZE, TIH W/PKR TO 6300'. 8. ACIDIZE PERFS 6397-6502' W/4000 GALS 15% NEFE HCL. 9. SWAB TO NEUTRAL. 10. TIH W/PROD EQPT. 11. SCALE SQUEEZE AFTER PROD STABILIZES. 12. OPT.	
I hereby certify that the information above is truy and complete to the best of my knowledge and belief. SIGNATURE	DATE <u>2/1/00</u> Telephone No. 397-0405
APPROVED	PAN - 2 ZULD
BUNDITIONS OF APPROVAL IF ANY: TITLE	DATE
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