Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-12387

5. Indicate Type of Lease STATE XX FEE

6. State Oil & Gas Lease No. B-9312

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: West Dollarhide Drinkard Unit

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

2. Name of Operator: Texaco Producing Inc

8. Well No. 88

3. Address of Operator: P.O. Box 730 Hobbs, New Mexico 88240

9. Pool name or Wildcat: Tubb / Dollarhide Drinkard

4. Well Location

Unit Letter A : 667 Feet From The North Line and 500 Feet From The East Line

Section 5 Township 25-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3167 KB

11. 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 XX	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

1) MIRU, pull rods, pump, install BOP, & pull pump
2) TIH w/bit, c/o to 7500', TOH
3) Perf w/2 JSPI @ 7237-42, 45-47, 56, 63, 67, 71, 72, 85-90, 95-99, 7405, 06, 10-14, 21, & 22'
4) TIH w/treating pkr, acidize perfs w/7000 gals 15% NEFE HCL, swab test, TOH
5) Run prod equip, clean location, test
6) OPT 6-13-90, 38 BO, 55 BW, 6.5 MCF, 171 GOR, 38.4 Grav. Oil

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

SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 6-15-90

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: