

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

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

WELL API NO.	30-025-12387
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-9312
7. Lease Name or Unit Agreement Name	
WEST DOLLARHIDE DRINKARD	
8. Well No.	UNIT
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator TEXACO PRODUCING INC.	
3. Address of Operator P. O. BOX 730, HOBBS, NM 88240	
4. Well Location Unit Letter <u>A</u> : <u>667</u> Feet From The <u>NORTH</u> Line and <u>500</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>OPEN ADDITIONAL PAY</u> <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 ROD & PUMP. INSTALL BOP. PULL TBG.
- 2) TIH W/4 3/4" BIT, C/O TO 7500'. TOH.
- 3) PERFORATE 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/TREAT PKR, ACIDIZE PERF W/7000 GALS 15% NEFE HCL, SWAB TEST.TOH.
- 5) RUN PROD EQUIP. CLEAN LOCATION. RESUME OPERATIONS.

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

SIGNATURE J. A. Head TITLE AREA MANAGER DATE 5/15/90
TYPE OR PRINT NAME J. A. HEAD (505)
TELEPHONE NO. 393-7191

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1990

RECEIVED

MAY 16 1990

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HOBBS OFFICE