Submit 3 copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department					Revis	ed 1-1-89
DISTRICT I	O	I. CONSERV	JATI	ON DIVISION	WELL ABILITY		
P.O. Box 1980, Hobbs, N	M 88240				WELL API NO		
DISTRICT II P.O. Box 2088						3002531483	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					5. Indicate	Type of Lease	C
DISTRICT III					6 State Oil	/ Gas Lease No.	FEE [
1000 Rio Brazos Rd., Azte					o. State Oil	/ Gas Lease No.	
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.)							
					7. Lease Na	me or Unit Agreement Name	
						LARHIDE DRINKARD UNIT	-
1. Type of Well: OIL GAS C							
WELL	WELL -	OTHER					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					8. Well No.		
		ATION & PRODUCTION	ON INC.			115	
3. Address of Operator	205 E. Bender, HC	BBS, NM 88240			9. Pool Name	e or Wildcat	
4. Well Location						OLLARHIDE TUBB DRINKARD	
Unit Letter	A ; 12	Feet From The	NOR	RTH Line and 1309	Feet From	The EAST Line	
Section 5					1PM	LEA_COUNTY	
	10	Elevation (Show wheth	er DF, R	KB, RT,GR, etc.) 3165'			
11.	Check Approx	oriate Box to Indic	ate Na	ature of Notice Report	or Other	Doto	
Check Appropriate Box to Indicate Nature of Notice, Report NOTICE OF INTENTION TO:							
_ ·				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORI	_	AND ABANDON		REMEDIAL WORK	\boxtimes	ALTERING CASING	
TEMPORARILY ABANDON	CHAI	IGE PLANS		COMMENCE DRILLING OPE	RATION 🔲	PLUG AND ABANDONMENT	_
PULL OR ALTER CASING				CASING TEST AND CEMEN	IT JOB 🔲		_
OTHER:				OTHER:		Scale Squeeze	\boxtimes
12. Describe Proposed or (any proposed work) SE 2-15-99: MIRU. BLED OFF 2-16-99: BLED WELL DN. W/MUD JT, SN, TBG & TAQ 2-17-99: BLED OFF WELL 2-21-99: SCALE SQUEEZE 2-21-99: ON 24 HR OPT. P FINAL REPORT	WELL. POH W/RETH W/2 7/8" TBG. / C. BTM @ 6865'. SN TIH W/PUMP, GA	OS & PMP. LD BAD RE ACIDIZE PERFS W/30 N @ 6777'. TAC @ 603 S ANCHOR, SNKR BA	DS. NDV	VH. NUBOP. TIH W/SONIC S 15% NEFE. SWAB BACK	HAMMER TO	OON ON 186 JTS. W/SONIC HAMMER TOOL	rting

I hereby certify that the information above SIGNATURE	e is true and complete to the best of my knowledge and belief. MISO Vale TITLE Engineering Assistant	DATE	
TYPE OR PRINT NAME	J. Denise Leake	DATE <u>3/16/99</u> Telephone No. 397-0405	
(This space for State Use) ORIGINA APPROVED BY CONDITIONS OF APPROVAL	AL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE	DATE MAR 8 1 1995	