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CONDITIONS OF APPROVAL, IP ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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ISTRICT I O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
P.O. Box 2088  DISTRICT II Santa Fe, New Mexico 87504-2088			30 - 025 - 31484
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			5. Indicate Type of Lease  STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B- 9613
SUNDRY NOTICE ( DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVE (FORM C-10	7. Lease Name or Unit Agreement Name		
I. Type of Well: OR. CAS WELL X WELL	OTHER		WEST DOLLARHIDE DRINKARD UNIT
2. Name of Operator			8. Well No.
Texaco Exploration and Produ	uction Inc.		116
3. Address of Operator P. O. Box 730 Hobbs. NA	4 99040		9. Pool name or Wildcat
P. O. Box 730 Hobbs, NA  4. Well Location	M 88240	<del></del>	DOLLARHIDE TUBB/DRINKARD
Unit Letter D: 67	Feet From The NORTH	Line and	152 Feet From The WEST Line
Section 4	Township 25-S R	ange 38-E	County
	10. Elevation (Show whether		NMPM LEA
	3161'		
11. Check Ap NOTICE OF INTE	opropriate Box to Indicate : NTION TO:		eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1	
TEMPORARILY ABANDON		REMEDIAL WORK	X ALTERING CASING
	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	_	CASING TEST AND CE	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all persinent details, as	nd give pertinent dates, include	ding estimated date of starting any proposed
05-24-93 / 06-04-93 (1) MIRU. Pulled rods and pum (2) Retrieve RBP @ 6620'. POH (3) Perforated Tubb Drinkard (4) Frac perf (6422-6590') w (5) Ran production equipment (6) Return to production, test (7) 07-08-93: Pump 24 oil, 20 (Prior test= 0 oil, 11 wt)	H. Set wireline CIBP at 663 from 6470'-6490' @ 4 spf /22K gal XL gel and 55K# t 05 wtr, 23 MCF gas.	0' - (80-0 56" holes)	
I hereby certify that the information above is true and	complete to the best of my knowledge and	belief.	
SKINATURE CON DOLL & DOLL	———— m		DATE 08/27/93
TYPEOR PRINT NAME L.W. Johnson	m	<u></u>	DATE 00/21/33 TELEPHONE NO.505-393-719
(This space for State Use)			
ORIGINAL SIGN DISTRICT	ED BY JERRY SEXTON		AUG 3 1 1993
APPROVED BY	Tmu	E	DATE AUU 3 1 1993

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AUG 3 0 1993

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