

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-31484

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9613

7. Lease Name or Unit Agreement Name
WEST DOLLARHIDE DRINKARD UNIT

8. Well No.
116

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

4. Well Location
Unit Letter D : 67 Feet From The NORTH Line and 152 Feet From The WEST Line

Section 4 Township 25-SOUTH Range 38-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3161', KB-3179'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: COMPLETING ☒

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. TIH AND SET RBP @ 6630'.
2. DOWELL ACIDIZED PERFS: 6652'- 7397' WITH 5500 GAL 15% NEFE. 02-14-93.
3. MOVED RBP TO 6333'.
4. DOWELL ACIDIZED PERFS: 6422'- 6512' WITH 2500 GAL 15% NEFE. 02-15-93.
5. TOH WITH RBP. TIH WITH TUBING, PUMP AND RODS. SEATING NIPPLE @ 7399'.
6. PUMPED 36 BO, 71 BW, 249 BLW IN 24 HOURS 02-19-93.
7. TESTING.

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

SIGNATURE C. P. Basham TITLE DRILLING OPERATIONS MANAGER DATE 02-22-93

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

ORIGINAL SIGNED BY DEPT. / SECTION
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 24 1993

CONDITIONS OF APPROVAL, IF ANY: