

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.

3002531999

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.

139

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  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter C : 420 Feet From The NORTH Line and 1900 Feet From The WEST Line

Section 5 Township 25-S Range 38-E NMPM LEA COUNTY

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

GR-3136'

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 OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

RAN MIT & REPAIR TBG LEAK ☒

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.

5-21-02: NOTIFY NMOCD. TEST CSG TO 500# FOR 30 MINUTES. TESTED GOOD (REPAIR TBG LEAK)  
CHART ATTACHED.

RETURN TO INJECTION.

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

SIGNATURE

*J. Denise Leake*

TITLE Regulatory Specialist

DATE 6/25/2002

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

*Gary W. Wink*

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

**JUL 30 2002**

DeSoto/Nichols 12-93 ver 1.0

