Submi

State of New Mexico

Form C-103
Revised 1-1-8

		State of Mew Mickley			
it 3 copies propinate	•	Er y, Minerals and Natural Resources Departmen			

__TITLE_

District Office	Er y, willerals and Natu	rai Nesources Department	5	Revised 1-1-89
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box	c 2088	3002531999	
DISTRICT II	Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NM 88210			STATE	/ FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. B-9613	;
SUNDRY NO (DO NOT USE THIS FORM FOR PRO DIFFERENT RESE (FORM	7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT			
1. Type of Well: OIL GAS WELL WEL		NJECTION		
2. Name of Operator TEXACO EX	8. Well No. 139			
	09 MIDLAND TX 79702		9. Pool Name or Wildcat DOLLARHIDE TUBB DRI	INICADO
4 Well Location			DOLLARHIDE TUBB DRI	NKARD
	420 Feet From The	NORTH Line and 1900	Feet From The WEST	Line
Section 5	Township 25-S	Range 38-E NA	IPMLEA_ CO	YTNUC
	10. Elevation (Show whether DF	RKB, RT,GR, etc.) GR-3136'		
11. Check A	ppropriate Box to Indicate	Nature of Notice, Report	, or Other Data	
NOTICE OF INTENTION	ON TO:	SI	JBSEQUENT REPORT (OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	✓ ALTERING CASING	·
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	ERATION PLUG AND ABANDO	TNAMC
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB	
OTHER:		OTHER:	TEST CASING	·
8-10-01: NOTIFY NMOCD. TEST CSC PKR SET @ 6241'. PERFS: 6303-6448'. RETURN TO INJECTION.	TO 520#. CHART ATTACHE	D.		
I hereby centry that the information beve is true and complet SIGNATURE TYPE OR PRINT NAME (This space for State Use)	Denise Leake	Engineering Assistant	DATE 8/2 Telephone No.	29/01 915-688-4752
ARREOVED			SED 4	

DATE

Jesoto/Nichols 12-93 ver 1 0

SCGN

BUNDITIONS OF APPROVAL, IF ANY:

