State of New Mexico

Form C-103

Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. DISTRICT P.O. Box 1980, Hobbs, NM 8824U P.O. Box 2088 30 - 025 - 12286 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease FEE X P.O. Drawer DD, Artesia, NM 88210 STATE L DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) WEST DOLLARHIDE DRINKARD UNIT 1. Type of Well: WELL WELL | onex Injection Well 8. Well No. 2. Name of Operator Texaco Exploration and Production Inc. 9. Pool name or Wildcat Address of Operator DOLLARHIDE TUBB/DRINKARD P. O. Box 730 Hobbs, NM 88240 Well Location **EAST** 660 Feet From The Line SOUTH 1980 Feet From The _ Line and Unit Letter County **NMPM** LEA 38-E 24-S Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3122' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB PULL OR ALTER CASING X OTHER: Convert to Injection OTHER: 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) MIRU. Pulled rods and pump, NU BOP, pulled tubing. 2) TIH w/ workstring, bit and scraper, clean liner to 6552'. 3) Acidized Drinkard w/2000 gals 15% NEFE. 4) Ran 2-3/8" polyethylene lined injection tubing with packer, set at 6317'. 5) Flanged up tubing head. Tested annulus to 300 psi for 30 min. (chart attached w/copy on reverse). 6) 12-01-93: Inject 250 BWPD @ 1100# (1272 psi max). 7) Run step rate test and profile when rates stabilize. Previous test= pump 10 oil, 12 wtr, 10 MCF RE: WFX-646 I hereby certify that the information above is true and complete to the best of my knowledge and belief. 01-12-94 _____ ππ.ε _ Engr Asst SIGNATURE . TELEPHONE NO. 393-7191 TYPEORPRINT NAME L. W. Johnson ORIGINAL SIGNED BY JERRY SEXTON (This space for State Use) _____ DAMAN 1.4 1992 DISTRICT I SUPERVISOR

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APPROVED BY _

CONDITIONS OF APPROVAL, IP ANY:

