

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. NM-0349952	
2. NAME OF OPERATOR TEXACO PRODUCING INC		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 728, HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME WEST DOLLARHIDE DRINKARD UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 2310' FEL		8. FARM OR LEASE NAME WEST DOLLARHIDE DRINKARD UNIT	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3192 DF		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE TUBB DRINKARD	
		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA SECT 19, T-24S, R-38E	
		12. COUNTY OR PARISH LEA	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) PRESSURE TEST CSG & SHUT-IN	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- ON MARCH 2, 1989. MIRU. RELEASED PKR AND POH.
  - GIR w/ 3 1/4" BIT. ROTATED AND REVERSED CIRCULATED THRU 4" LINER FROM 5588' - 6474'.
  - TOH.
  - RIG UP WIRELINE. SET 4" CIBP AT 6460' SPOT 3 SX CMT ON TOP FROM 6460' - 6420'. NEW PBTD 6420'.
  - TIH w/ 2 3/8" TBG. DISPLACED ANNULUS w/ CORROSION INHIBITED FRESH WATER.
  - POH. RIG DOWN.
  - CHANGED WELL STATUS FROM WATER INJECTION TO SHUT-IN EFFECTIVE 3-2-89.
  - ON MAY 18, 1989. MI. PRESSURE TESTED CASING TO 500 PSI. FIELD OKAY.
- WELL SHUT-IN PENDING WEST DOLLARHIDE DRINKARD UNIT INFILL DRILLING PROGRAM.

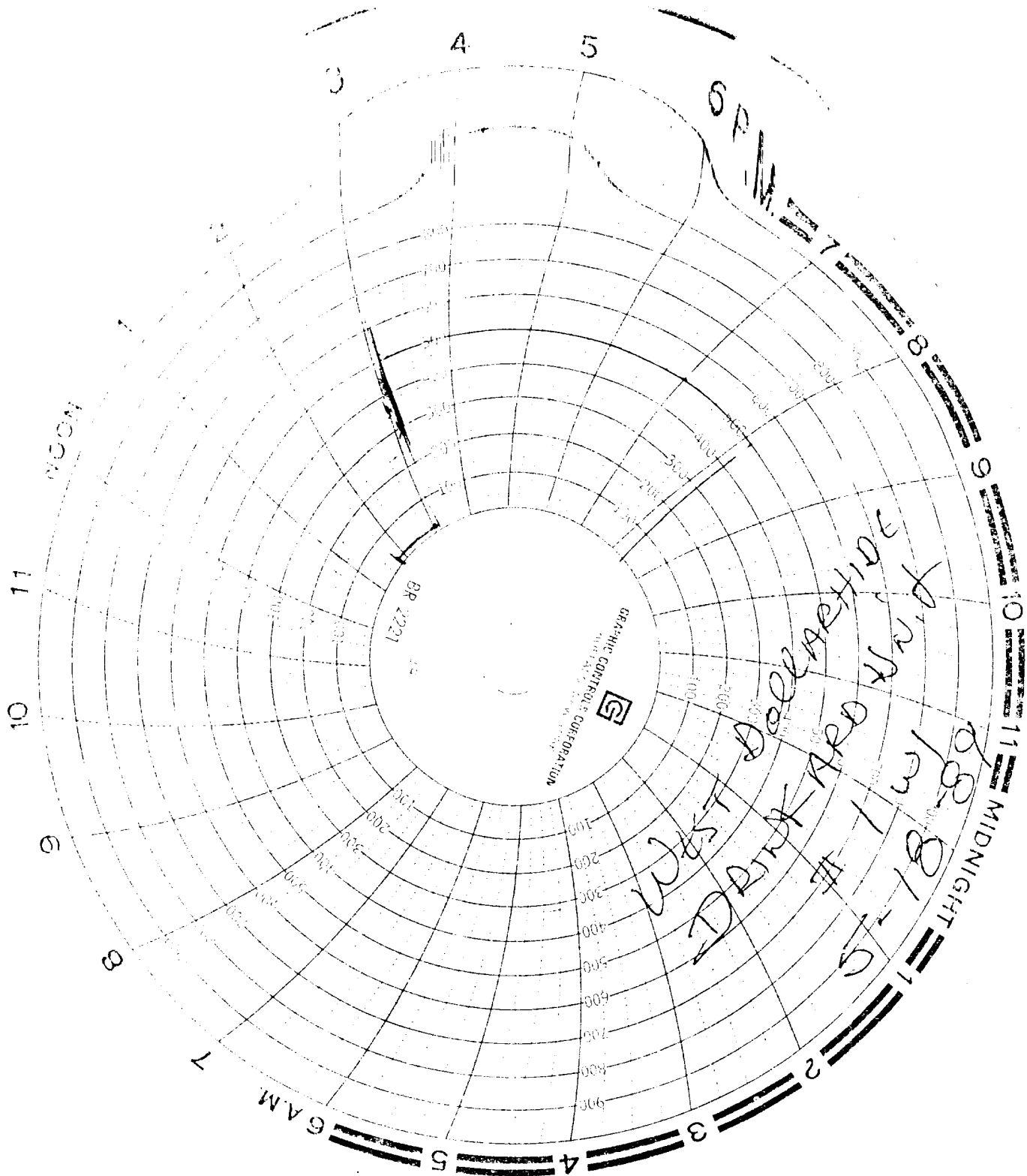
I hereby certify that the foregoing is true and correct

SIGNED Reggie TITLE AREA SUPERINTENDENT DATE MAY 24 1989

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED

MAY 30 1989

OCD  
HOBBS OFFICE