

**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.	30 025 12236
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9519
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	37
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	3112 GR

**SUNDRY NOTICES AND REPORTS ON WELL**  
(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 Injection Well

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line  
Section 29 Township 24S Range 38E NMPM LEA COUNTY

**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: ☒ Injection well maintenance, CIT

**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.**

Objective: Clean out, inspect casing, run straddle packer assembly, return well to Injection

- 1) Cleaned out to 6813' (top of cement retainer)
- 2) Ran GR-N log 6819-5000', csg inspection log 6819-3250', cap cmt ret w/62' cmt, new PBTD = 6757'
- 3) Acidize perfs 6660-6728' w/550 gal 15% NEFE
- 4) Ran 2 3/8" Inj tubing w/packers set @ 6526' & 6210', tested casing/tubing 500# 30 min (chart attached, copy on reverse)
- 5) 03-11-94: Started Injection, communicated, Shut In for evaluation

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

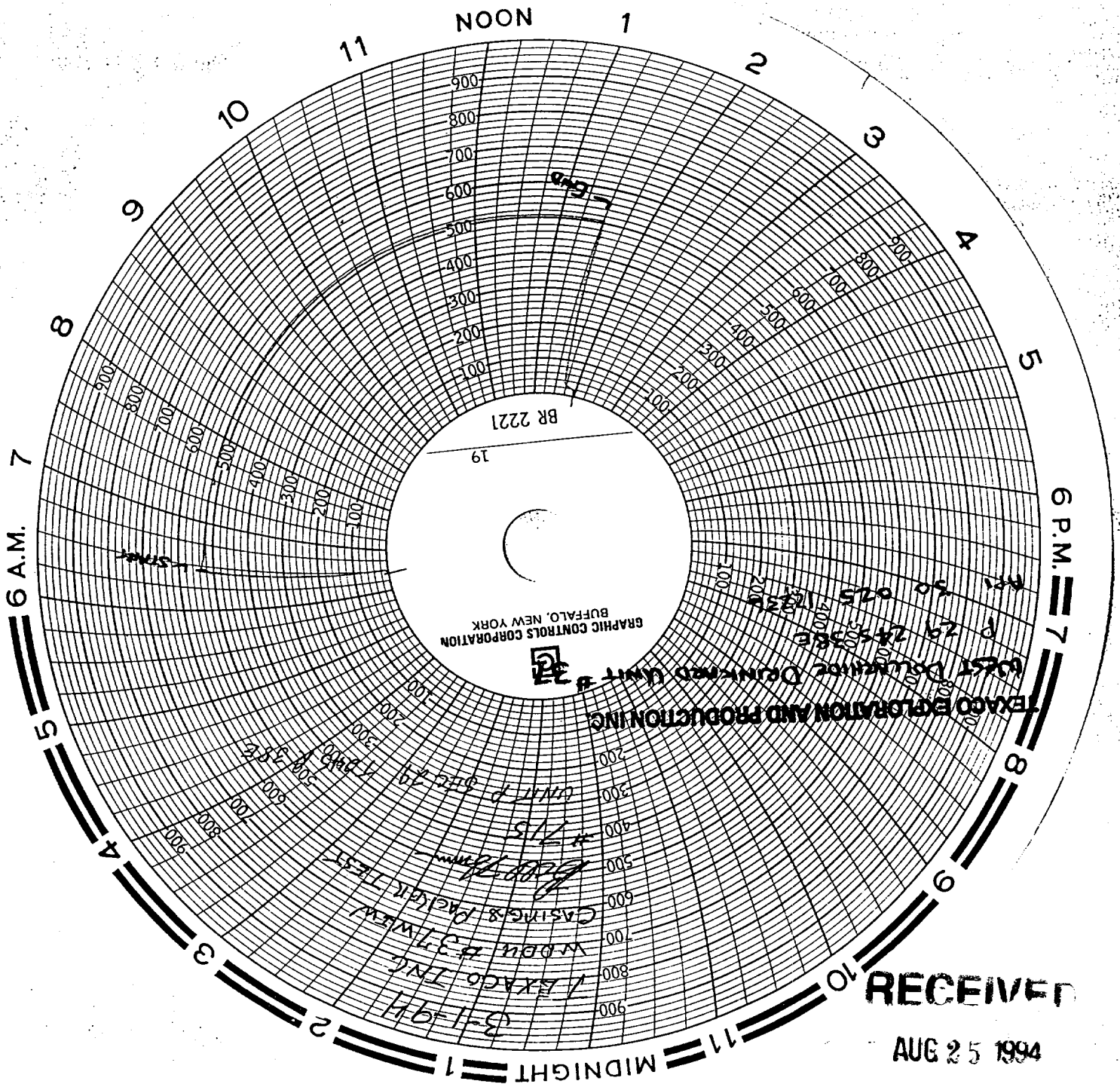
SIGNATURE Larry W. Johnson TITLE Engineering Assistant DATE 8/24/94

TYPE OR PRINT NAME Larry W. Johnson Telephone No. 397-0426

(This space for State Use)

APPROVED BY DISTRICT I SUPERVISOR TITLE DISTRICT I SUPERVISOR DATE AUG 24 1994

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED

AUG 25 1994

OFFICE