

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name WEST DOLLARHIDE DRINKARD
2. Name of Operator TEXACO PRODUCING INC	8. Farm or Lease Name UNIT
3. Address of Operator P.O. BOX 728, HOBBS, NM 88240	9. Well No. 17
4. Location of Well UNIT LETTER C 535 FEET FROM THE NORTH LINE AND 2310 FEET FROM THE WEST LINE, SECTION 30 TOWNSHIP 24S RANGE 38E N.M.P.M.	10. Field and Pool, or Wildcat DOLLARHIDE
15. Elevation (Show whether DF, RT, GR, etc.) 3156' D.F.	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

17. 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) MIRV. TOH W/PRODUCTION EQUIPMENT.
- 2) CLEAN OUT HOLE TO 6863'. SPOT 84 GALS. CONVERTER W/84 GALS FRESH WATER.
- 3) PERFORATE DOLLARHIDE TUBB DRINKARD W/2SPF AT 6734'-40', 48'-50', 78'-86', 6815'-20', 35'-38', 6843'-47'. 34 SHOTS.
- 4) TIH W/PKR TO 6523'. SWAB WELL.
- 5) ACIDIZE DRINKARD PERFORATIONS W/10000 GALS 15% NEFE HCL W/ROCKSALT.
- 6) S.I. - 30 MINUTES. WELL OPENED, FLOWED 2 HRS, REC. 61 BLW.
- 7) PUMP 84 GALS SCALE INHIBITOR MIXED WITH 30 BBLs FRESH WATER. FLUSHED W/200 BBLs FRESH WATER MIXED IN 5 GAL SURFACTANT.
- 8) TIH W/PROD. TBG, ANCHOR, RODS, AND PUMP.
- 9) WELL POTENTIAL - 24 HR TEST 14 BO 60 BW 60R 142.

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

SIGNED KEL Johnson TITLE AREA SUPERINTENDENT DATE MAY 5 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 7 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 6 1987
OCD
HOBBS OFFICE