UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Form 3160-5

(June 1990)

V

N.M. OIL CONS. COMMISSION P.O. BOX 1980 FORM APPROVED HOBBS, NEW MEXICO 1004-0135

Expires: March 31, 1993

	5. State Oil / Gas Lease No. LC-067968 6. If Indian, Alottee or Tribe Name		
SUNDRY NOTICE			
Do not use this form for proposals to			
Use "APPLICATION	FOR PERMIT " for such proposals		
SUBN	7. If Unit or CA, Agreement Designation		
1. Type of Well: OIL GAS WELL WELL	8. Well Name and Number WEST DOLLARHIDE DRINKARD UNIT		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC 28			
3. Address and Telephone No. P.O. BOX 730, HOL	9. API Well No. 30 025 12256		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, Exploaratory Area	
Unit Letter I : 1650 Feel From T	DOLLARHIDE TUBB DRINKARD		
EAST Line Section 30	Township _24S Range _38E	11. County or Parish, State LEA , NEW MEXICO	
12. Check Appropriate	Box(s) To Indicate Nature of Notice, Re	eport, or Other Data	
TYPE OF SUBMISSION TYPE OF ACTION			
	Abandonment	Change of Plans	
	Recompletion	New Construction	
Notice of Intent	Plugging Back	Non-Routine Fracturing	
Subsequent Report Casing Repair		Water Shut-Off	
	Atlering Casing	Conversion to Injection	
Final Abandonment Notice	OTHER: Routine workover	Dispose Water	
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	

13. 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 verticle depths for all markers and zones pertinent to this work.)*.

 Pull injection tubing & packer. Clean well out to 6592', pump 4K 15%acid / DiKlor treatment Flow back 170 bbls, layed down workstring. Ran 2 3/8" cement lined injection tubing w/ 5 1/2" packer. Pressure test casing to 500# 30 min. (Chart to NMOCD, copy 6) 10-01-93: Inj 65 BWPD @ 1135#. 		HEB 2 2 1994	m P	RECEIVED
14. I hereby certify that the foregoing is true and correct SIGNATURE SUN John Som	TITLE_	Engr Asst	DATE	1/31/94
TYPE OR PRINT NAME Larry W. Johnson				
(This space for Federal or State office use)				
	TITLE		DATE	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and will representations as to any matter within its jurisdiction		ike to any department or agency of the United States any fal		itements or

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