

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection well	5. Lease Designation and Serial No. LC-067968
2. Name of Operator Texaco Exploration & Production Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter I, 1650' FSL & 660' FEL Sec 30, T24S, R37E 38	8. Well Name and No. West Dollarhide Drinkard Unit #28
	9. API Well No. 17256 30 025 12259
	10. Field and Pool, or Exploratory Area Dollarhide Drinkard
	11. County or Parish, State Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

Pressure test csg, pkr  
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. 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.)

09-10-91- Pressure casing / tubing annulus to 360# 30 min. Held OK  
(Chart on reverse side)

Ad

RECEIVED  
NOV 1 11 05 PM '91  
CALLEDO AREA  
BUREAU OF LAND MANAGEMENT

I hereby certify that the foregoing is true and correct

Signed [Signature] Title Engr. Asst. Date 10-31-91

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

