

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

☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

Texaco Exploration & Production Inc.

3. Address and Telephone No.

P.O. Box 730, Hobbs, NM 88241-0730 (505) 393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter I, 1650' FSL & 660' FNL
Sec 30, T 24S, R 37E
38

5. Lease Designation and Serial No.

LC 067968

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

West Dollarhide
Drinkard Unit

9. API Well No.

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection

(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 vertical depths for all markers and zones pertinent to this work.)

1. MIRU, install BOP, run 4 3/4" bit & 5 1/2" casing scraper to 6290', circ hole clean
2. Run casing inspection log from 6240' to surface
3. Set CIBP @ 6200', test csg to 500#, held OK, pull RBP
4. C/O junk tbg to 6603'
5. Set pkr @ 6462', test csg to 500#, held OK, lay down workstring
6. Run 2 3/8" IPC tbg w/pkr set @ 6453', load annulus w/inhibited wtr
7. Test annulus to 360# 30 min, held OK, run step rate inj test, tests were witnessed by NMOCD representative Mr. R.A. Sadler
8. Request well change of status to Injection effective 9/27/91

14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title Engr. Asst.

Date 11-15-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 11-18-91