

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
verse side)

Budget Bureau No. 1004-0155
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-068968 NM-0349952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Texaco Producing Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit lett A, 990 feet from the North line and
990 feet from the East line

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. Dollarhide Drinkard Ut.

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb Drinkard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

30,24-S,38E

14. PERMIT NO.

30-025-12264

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

Lea

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. 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.) *

Acidize Dollarhide Tubb Drinkard 6624'-6675' w/2000 gal. 15% NEFE Acid.

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

SIGNED John Browning

TITLE District Admin. Supervisor DATE 01/23/87

(This space for Federal or State office use)

APPROVED BY Alan Browning

TITLE Area Admin. Supervisor DATE 1/29/87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED
FEB 2 1987
FED
HONOLULU OFFICE