COPY TO O. C. C.

Form Approved.
dget Bureau No. 42-R1424

Dec. 1973		GOF I	0 0. 4.4	dget Bureau	No. 42-R1424
	UNITED STATE		5. LEASE		
	DEPARTMENT OF THE IN	ITERIOR	NN-10185		
	GEOLOGICAL SURVI	ΞΥ	6. IF INDIAN, ALLO	TTEE OR TRI	BE NAME
	Y NOTICES AND REPO		7. UNIT AGREEME	NT NAME	
(Do not use this reservoir, Use F	: form for proposals to drill or to deepe orm 9–331–C for such proposals.)	en or plug back to a different	8. FARM OR LEASE	NAME	
1. oil well	gas Other Wat	er Injection	West Dollar 9. WELL NO.		nkard Unit
	F OPERATOR ·	er mjecuon	16		* *
	Oil Company		10. FIELD OR WILDO	CAT NAME	
	S OF OPERATOR		Dollarhide	Tubb-Dri	nkard
P. O.	Box 730, Hobbs, NM 88	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
	N OF WELL (REPORT LOCATION		AREA		
below.)	ACE: Unit ltr.B, 990' F	NT c 1650! ETT	Sec. 30, T-		
		TT 0 TO TETT	12. COUNTY OR PA	RISH 13. ST	TATE
	PROD. INTERVAL: L DEPTH:	•	Lea	NM.	
			14. API NO.		• :
 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 					
REPORT,	OR OTHER DATA		15. ELEVATIONS (S	SHOW DF, KI	DB, AND WD)
REQUEST FO	R APPROVAL TO: SUBSE	QUENT REPORT OF:	3584' DF		
TEST WATER	•				
FRACTURE T	REAT 🔲				
SHOOT OR A					
REPAIR WEL PULL OR AL	=		(NOTE: Report results change on Fo	•	mpletion or zone
MULTIPLE C				, 5 000.,	
CHANGE ZO	NES 🗍			-	
ABANDON*	· · □			- 2	
(other) Pl	ug back			<i>:</i>	
including	BE PROPOSED OR COMPLETED (grestimated date of starting any grid and true vertical depths for all researchs).	proposed work. If well is	directionally drilled, give	, and give pereception and giv	ertinent dates, locations and
1. Ri	g up pulling unit and	install BOP.			
	M with tbq. and pkr.	Insectif Bot .	•	•	
	t EZ drill BP over Abo	zone.			- :
	in packer and tbg. back				
	t packer within 100' o			REGI	
				JAN	2 9 1980
			<u> </u>	. S. GEOLO	GICAL SURVE
			·	HOBBS, N	IEW MEXICO
					•
Subsurface :	Safety Valve: Manu. and Type			Set @	Ft.
18. Thereby	criftify that the foregoing is true a	and correct		-16-90	.*
SIGNED	Dale R. Crockett	Area Supt.	DATE		
	(Th	is space for Federal or State	office use)		
CONDITIONS	OF APPROVAL, IF ANY:	TITLE	DATE		· · · · · · · · · · · · · · · · · · ·
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*See Instructions on Reverse Side