

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 025 12277

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil / Gas Lease No.

LC-069052

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.

50

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

SUNDY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter G : 2310 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 31 Township 24S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐ REQUEST TA STATUS ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-10-00: MIRU YALE. NUBIP. REL TAC.

1-11-00: TIH W/BIT & SCRAPER. TIH W/CIBP @ 2 3/8" TBG. COULD NOT GET PLUG TO SET @ 6300 OT 6270'. SET PLUG @ 6225'. LOAD & TEST CSG W/500 PSI-OK.

1-12-00: CHART TEST CSG W/500 PSI FOR 30 MIN-OK. DISPL CSG W/PKR FLUID. LD ALL TBG. DUMPED 35' CMT ON CIBP. PBTD @ 6190'. NDBOP. INSTL WH. RIG DOWN. (CHART ATTACHED)

TEMPORARY ABANDON.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Engineering Assistant

DATE 1/27/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE

DATE

