

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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 WELL

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter G : 2310 Feet From The NORTH Line and 1650 Feet From The  
EAST Line Section 31 Township 24S Range 38E

5. Lease Designation and Serial No.  
LC-069052

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number  
WEST DOLLARHIDE DRINKARD UNIT  
50

9. API Well No.  
30 025 12277

10. Field and Pool, Exploratory Area  
DOLLARHIDE TUBB DRINKARD

11. County or Parish, State  
LEA, NEW MEXICO

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: replaced tubing  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(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.)

Texaco replaced the tubing on the subject injection well and re-set the packer. The depth set of the tubing is 6329'.

4/5/95: Pressure tested casing and packer to 500 psi for 30 minutes <held>.

Original chart was sent to the NMOCD. A copy can be found on the reverse side of this form.

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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 5/9/95

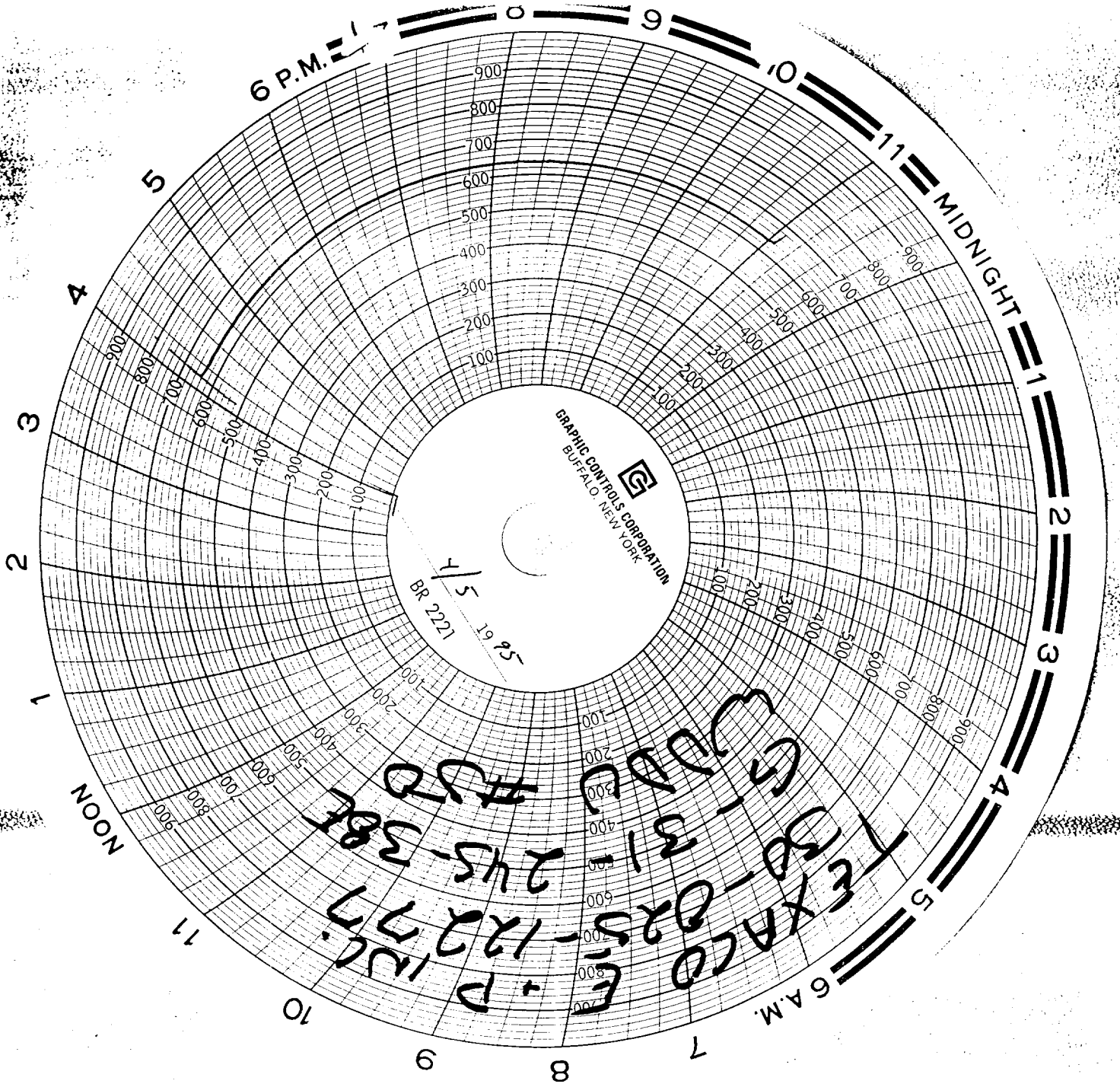
TYPE OR PRINT NAME Darrell J. Carriger

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



EXACO  
30-025-12277  
31-245-384  
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