State of New Mexico Form C-103 Submit 3 copies to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. 30 025 12277 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Indicate Type of Lease Santa Fe, New Mexico 87504-2088 FEE 🗌 STATE [ P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 6. State Oil / Gas Lease No. C-069052 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT WEST DOLLARHIDE DRINKARD UNIT (FORM C-101) FOR SUCH PROPOSALS.) OIL 1. Type of Well: INJECTION WELL WELL OTHER WELL 8. Well No. 50 2. Name of Operator **TEXACO EXPLORATION & PRODUCTION INC** 9. Pool Name or Wildcat 3. Address of Operator P.O. BOX 730, HOBBS, NM 88240 DOLLARHIDE TUBB DRINKARD 4. Well Location Feet From The NORTH Line and 1650 Feet From The <u>EAST</u> 2310 Unit Letter \_ LEA COUNTY Range \_\_38E NMPM \_ 248 Township. 10. Elevation (Show whether DF, RKB, RT,GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK П PLUG AND ABANDONMENT COMMENCE DRILLING OPERATION CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING CONVERT TO INJECTION** OTHER: OTHER: 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. Objective: Convert to Injection 1) Rigged up, install BOP, pulled production equipment 2) Acidized 5" casing perfs 6385-6524' w/1500 gal 15% NEFE 3) Ran 2 3/8" poly lined inj tbg w/5" packer set @ 6344' (Chart to NMOCD, Copy on reverse) 4) 3-13-94: Inj 333 BWPD @ 1200# (Prior test: Pump 19 oil, 5 wtr, 0 MCF)

**Engineering Assistant** 

TITLE

Larry W. Johnson

FOR RECORD ONLY

do

DATE 3/24/94

DeSoto/Nichols 12-93 ver 1.0

Telephone No.

397-0426

I hereby certify that the

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY

SIGNATURE

