Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.

F.O. BOX 1980, 110003, 1411 00240	P.O. Box 208	8	30-025-12301	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE TEE	
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410			6. State Oil & Gas Lease No. B-9311	A baba Cana
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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name West Dollarhide	
. Type of Well: OIL GAS WELL WELL	отнеж Inj	ector	Drinkard Unit	
Name of Operator Texaco Exploration & Production			8. Well No.	
Address of Operator P.O. Box 3109			9. Pool name or Wildcat Dollarhide Tubb Di	rinkard
Unit Letter L : 21Bi01 L	Feet From The South	Line and510	Feet From The We:	st Line
Section 32		-B-	nmpm Lea	County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
Check Ap	propriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data	-
NOTICE OF INTE	NTION TO:	SUB	SEQUENT REPORT	OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. T PLUG AND	ABANDONMENT X

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.

OTHER:

CASING TEST AND CEMENT JOB

- 1. 2/11/98 Tagged CIBP @6200'
- 2. 2/12/98 CIRC hole w 9.8# mud laiden fluid
- 3. 2/12/98 Spot 45 sx cmt @6200'
- 4. 2/16/98 Tagged plug @5385'
- 5. 2/16/98 Spot 25 sx cmt @3194'
- 6. 2/17/98 Tagged plug @2868'
- 7. 2/17/98 Spot 160 sx c,t @2630' to 1050'
- 8. 2/17/98 Spot 40 sx cmt @345' to surf
- 9. 2/24/98 Cut off wellhead, weld on plate & dry hole marker

I hereby certify that the information above is true and complete to the best of SIGNATURE	my knowledge and belief.		DATE 2-25-98
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use). APPROVED BY Charle Cerry	TITLE	OIL & GAS INSPECTOR	

CONDITIONS OF A PPROVAL, IF ANY:

PULL OR ALTER CASING

OTHER: