

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 12301 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lease No. | B-9311 |
| 7. Lease Name or Unit Agreement Name | WEST DOLLARHIDE DRINKARD UNIT |
| 8. Well No. | 63 |
| 9. Pool Name or Wildcat | DOLLARHIDE TUBB DRINKARD |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3154' DF |

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

| | |
|------------------------|---|
| 1. Type of Well: | OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/> |
| 2. Name of Operator | TEXACO EXPLORATION & PRODUCTION INC. |
| 3. Address of Operator | P.O. BOX 730, HOBBS, NM 88240 |
| 4. Well Location | Unit Letter <u>L</u> : <u>2130</u> Feet From The <u>SOUTH</u> Line and <u>510</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY |

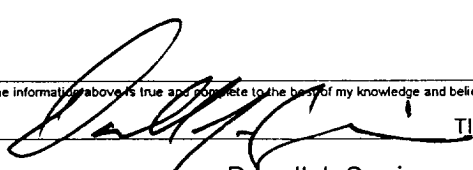
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPERATION <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| ADD PERFORATIONS AND STIMULATE <input checked="" type="checkbox"/> | |

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.

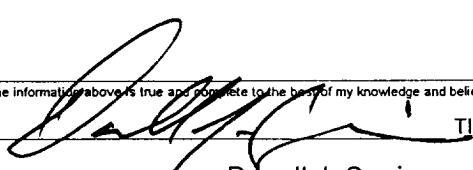
1. RUPU. INSTALL BOP. TOH WITH INJECTION EQUIPMENT.
2. CLEANOUT CASING TO 6560' WITH 3-1/8" BIT.
3. PERFORATE INTERVAL 6404' - 6438' WITH 2 JSPF AND 240 HOLES.
4. TIH WITH TREATING PACKER AND SET @ 6250'.
5. ACIDIZE PERFORATIONS WITH 6000 GALLONS 20% HCL NEFE, 3000# ROCK SALT AND 30 BBL GELLED BRINE. AIR = 2-3 BPM, Pmax = 4000 PSI.
6. RELEASE PACKER AND POH WITH WORKSTRING.
7. TIH WITH INJECTION TUBING AND SET PACKER @ 6280'. LOAD BACKSIDE WITH PACKER FLUID.
8. PRESSURE TEST. RETURN TO INJECTION.

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

SIGNATURE  TITLE Engineering Assistant DATE 6/2/95

TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426

(This space for State Use)

APPROVED BY  DATE 6/2/95

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

U.S. MARSHALS
OFFICE