

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 12309

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-9311

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.

60

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

SUNDRY 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 WATER INJECTION ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location

Unit Letter I : 2130 Feet From The SOUTH Line and 510 Feet From The EAST Line

Section 32 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: ☐ MECHANICAL INTEGRITY TEST ☒

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.

3-09-00:

1. NOTIFIED NMOC. TESTED CSG AS PER NMOC GUIDELINES TO 550# FOR 30 MIN. HELD OK.

2. RETURNED TO INJECTION.

(ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 4/20/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: _____ TITLE _____

DATE _____

ICG

