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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 30 - 025 - 12309 5. Indicate Type of Lease

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 STATE X FEE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B- 9311 SUNDRY NOTICES AND REPORTS ON WELLS ( 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" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WEST DOLLARHIDE DRINKARD UNIT WELL | onex injection well 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 60 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 **DOLLARHIDE TUBB/DRINKARD** Well Location 2130 Feet From The SOUTH 510 Feet From The Line County 24-5 Township Range 38-E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3182' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: Conversion to Injection 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. 1) Pulled production equipment, ran in w/4 3/4" bit to clean out, found 5 1/2" casing impassable @ 6359'. 2) Swedged out tight spot, cleaned out to 6587' (PBTD). 3) Ran casing inspection log 4500-6500', indicated hole @ 6390'. 4) Acidized perfs 6449'-6587' w/3K gal 15% NEFE. 5) Ran 2 3/8" cement lined injection tubing w/packer set @ 6351'. 6) Test casing/packer. (Chart attached, copy on reverse). 7) 09-07-93: Inj 310 BWPD @ 745#. information above is true and complete to the best of my knowledge and belief. **Engr Asst** 10-21-93 TYPEOR PRINT NAME L.W. Johnson

TELEPHONE NO.505-393-7191 (This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON** DISTRICT I SUPERVISOR

APPROVED BY .

CONDITIONS OF APPROVAL, IF ANY:

DATE [ ] 9 1997

