State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT III

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 8741

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO

3002512314

Indicate Type of Lease

FEE STATE V

State Oil / Gas Lease No

172010

7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT

8 Well No.

69

9. Pool Name or Wildcat

Feet From The WEST

DOLLARHIDE TUBB DRINKARD

Line

4 Well Location

1. Type of Well:

2. Name of Operator

3. Address of Operator

Unit Letter

Section 32

WELL

PO BOX 3109, MIDLAND, TEXAS 79701

660 Feet From The SOUTH Line and 1830

GAS

WELL

24S Township.

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 PERMI

TEXACO EXPLORATION & PRODUCTION INC.

(FORM C-101) FOR SUCH PROPOSALS.

OTHER

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

WATER INJECTION WELL

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	⊻	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL OPERATIONS		PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB		
OTHER:		===	OTHER:	Repair	tubing leak

9/4/02-RUPU installed BOB TOH with tubing. TIH hydro testing tubing, ran 3three stands in, well started to flow up the tubing and blowing tool out. POH

9/5/02-Insatll a 2000 psi pump out plug at the bottom of the packer to keep water from blowing out. TIH and hydro tested tubing in the hole 3000 psi bellow slips. Pump out plug, circulated packer fluid, run casing integrity test 525 psi and chart, held OK. (Chart attached.)

RD clean location, left well shut in over night.

Put on injection 9/6/02

300 bbls/d

Tubing @ 975 psi

Casing @ 0 psi.



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	s true and complete to the best of my knowledge ar	TITLE	Engineering Assistant	DATE	9/6/2002
TYPE OR PRINT NAME	Mike Quintana			Telephone No.	505-394- 0007

(This space for State Use)

APPROVED ORIGINAL SIGNED BY

CONDITIONS OF APPROVAL, WANK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

SEP 1 1 2002

^{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.

