

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.	3002512314
5. Indicate Type of Lease	STATE ☒ FEE
6. 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	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 PERMI (FORM C-101) FOR SUCH PROPOSALS.	
1. Type of Well:	OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION WELL ☐
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter N : 660 Feet From The SOUTH Line and 1830 Feet From The WEST 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATION ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: c/o & acidize ☒	

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.

7/11/00: MIRU. TIH W/SONIC HAMMER TOOL ON COILED TBG. TAG BRIDGE @ 6307'. WASH OUT BRIDGE TO 6341 - SPOT 5 BBLS 15% NEFE HCL & WASH TO 6348'. SPOT 5 BBLS 15% NEFE HCL & WASH TO 6380. TAG @ 6391. WASH TO 6471'. TAG SOLID & SPOT 5 BBLS 15% NEFE HCL. UNABLE TO GO ANY DEEPER. BTM PERF @ 6513'. ACID WASH PERFS 6366-6471 W/1370 GALS 15% NEFE HCL. SHUT IN BACKSIDE & SQZ 3000 GALS 15% NEFE HCL INTO PERFS IN 14 PASSES. UNLOAD W/N2. MAX PRESS-4300#. 2800# ACTUAL. RIG DOWN.
8-20-00: ON 24 HR OPT. INJ'G 350 BWPD @ 600 PSI. FINAL REPORT

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

TYPE OR PRINT NAME J. Denise Leake

DATE 8/23/00

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY TITLE

DATE