

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.

3002512315

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-9311

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 ☐ GAS WELL ☐ OTHER INJECTION WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 32 Township 24S Range 38E NMPM LEA COUNTY

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

8. Well No.
68

9. Pool Name or Wildcat
DOLLARHIDE TUBB DRINKARD

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: ☐

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. Release pkr. POH w/tbg and pkr.
- 2). RIH w/3 1/8" bit on ws and clean out to 6440'.
- 3). RU wireline and run GR-GNL log. Pick perforations from log.
- 4). TIH w/4" pkr and 250' tailpipe on ws to 6190'. Set pkr @ 5940'.
Load backside.
- 5). Acidize perms from 6248'-6424' w/5000 gals 15% HCL NEFE and ball
sealers at 2-3 BPM (Max TP 4000 psi).
- 6). Release pkr and POH w/tbg. TIH w/injection tbg and set pkr
@ 6200'. Load backside w/inhibited pkr fluid. 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 Darlene D. de Aragao TITLE Prod. Engineer

DATE 8/24/94

TYPE OR PRINT NAME Darlene D. de Aragao

Telephone No. 397-0424

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE AUG 26 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 25 1994

OLD NUMBER
FOR INFO: 1-800-555-1234