

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 12317
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9311
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	89
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>O</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1830</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> 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: ☒ REPLACED TUBING

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.

Texaco replaced the tubing on this injection well.

Loc set packer @ 6017'.

A casing integrity pressure test was performed on 3/31/95 to 500 psi for 30 minutes <held>.  
Original pressure chart is attached and a copy can be found on the reverse side of this form.

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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 4/6/95  
TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY GARY WINK TITLE FIELD REP. II DATE 4/6/95  
CONDITIONS OF APPROVAL, IF ANY

